FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response:

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Patel Kinnari					<u>R0</u>	2. Issuer Name and Ticker or Trading Symbol ROCKET PHARMACEUTICALS, INC. [RCKT]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					ner
(Last) (First) (Middle) C/O ROCKET PHARMACEUTICALS, INC.					3. [Earli	est Tran	saction ((Mont	h/Day/Year)			below)		Other (spec below) marks		ecify	
9 CEDARBROOK DRIVE					4. It	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) CRANBURY NJ 08512												X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(City) (State) (Zip)				Rı	Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to													
		-	1- 1- 1-			satisfy	the a	ffirmative	defense	condi	tions of Rule	10b5-1(c). S	See Instructi	ion 10.		шен ріан	unat is inte	enueu	10
		lab	le I - No			_			·	ı, Dı				lly Owner					
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Date,			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 at 5)			Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)	Price	Reported Transactio (Instr. 3 an				(instr	. 4)
Common Stock ⁽¹⁾ 08/14/2					2023	023			M		3,989(1)	A	\$0	217,9	82	D			
Common Stock													5,67	5	I		By Spouse		
Common Stock														98,261		I		By Adaptive Technology LLC ⁽²⁾	
		Т	able II								posed of converti			y Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deel Execution if any (Month/I		4. Transa Code (8)				6. Date Expirati (Month/	on Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Owners Form: Direct (or Indir (I) (Inst	Ship (D) ect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
						v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares						
Restricted Stock	(3)	08/14/2023			M			3,989	(4)		(4)	Common Stock	3,989	\$0	\$0 23,9		D		

Explanation of Responses:

- 1. Represents shares of Common Stock received upon vesting of a restricted stock unit ("RSU") award.
- 2. The shares are held indirectly through Adaptive Technology, LLC, a limited liability company that is owned and managed by the reporting person's husband.
- 3. Each restricted stock unit represents a contingent right to receive one share of the Issuer's common stock.
- 4. One-third (1/3) of such RSUs became fully vested and exercisable on February 14, 2023, with the remaining shares vesting in equal quarterly installments over the following two years.

Remarks:

President & Chief Operating Officer

/s/ Martin Wilson, as attorneyin-fact for Kinnari Patel

08/15/2023

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.