FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C	2. 20549
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OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1(c). S	ee Instruction	10.																	
Name and Address of Reporting Person' Wilson Mostin						2. Issuer Name and Ticker or Trading Symbol ROCKET PHARMACEUTICALS, INC. [5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Wilson Martin						RCKT]									Direc			Owner	
(Last)		icki j								V	Office below	er (give title v)	Oth belo	er (specify w)					
` ′	(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)								General Counsel				
C/O ROCKET PHARMACEUTICALS, INC.						11/21/2024													
9 CEDARBROOK DRIVE																			
,					4. If /	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	UDX/ N	т о	0.513												Form filed by One Reporting Person				
CRANB	URY N	J	8512												Form filed by More than One Reporting				
														Person					
(City)	(5	state) (2	Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of	Security (In	tion									5. Amount of		6. Ownership						
				Date (Month/Day	y/Year)	Year) Execution Date,			Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr. 5)			Beneficiall		cially	Form: Direct (D) or Indirect				
						(Month/Day/Year)			8)					Owned Following Reported		(I) (Instr. 4)	Ownership (Instr. 4)		
									Code	v	Amount	(A) o (D)	r Prid	се	Transa	ction(s) 3 and 4)		, , ,	
Common Stock ⁽¹⁾ 11/21/20						024					1,175	D \$1		3.054	4 63,560		D		
		Tol	olo II	Doriveti	ivo 84		lioo /	\ 0 0 0 1	irod	Dian	oood of	or Po	nofic	ially ()wno.	4			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of	2.	3A. De		4.			5. Number		6. Date Exercis		7. Title and			Price of	9. Number		11. Nature		
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execut if any	Execution Date,		Transaction Code (Instr.		of Derivative		Expiration Date Amount of (Month/Day/Year) Securities					rivative curity	derivative Securities	Owners Form:	nip of Indirect Beneficial	
(Instr. 3)	Price of Derivative	(n/Day/Year)	8)		Securities Acquired		`Un			Under	Underlying Derivative		str. 5)	Beneficially Owned) Ownership	
	Security							(A) or		Security (Ins				tr.		Following	(I) (Instr		
					Disposed of (D) (Instr. 3, 4 and 5)					3 and		and 4)		Reporte Transac		on(s)			
														(Instr. 4)					
						$\overline{}$, 					Amou	nt					
													or						
									Date		Expiration		Numb of						
			Code	٧	(A)	(D)	Exerci	sable	Date	Title	Share	s							

Explanation of Responses:

- 1. Holdings include Restricted Stock Units ("RSUs") that convert to common stock on a one-for-one basis
- 2. The shares of common stock were sold by the Reporting Person in order to pay tax withholding obligations in connection with the vesting of RSUs.

/s/ Martin Louis Wilson

11/25/2024

** 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.