FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	DС	20549	
vasimigton,	D.O.	20040	

STATEMENT	OF CHANG	ES IN BENE	FICIAL OW	NERSHIP

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

Check this box if no longer subject to 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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Adimab, LLC					2. Issuer Name and Ticker or Trading Symbol Invivyd, Inc. [IVVD]						5. R (Che	elationship eck all app Direc	,	ng Per					
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 01/19/2024							Office below	er (give title /)		Other (s	specify			
7 LUCENT DRIVE					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)	ON NI	Н 0	3766										X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(St	ate) (2	Zip)		Rul	le 10)b5-	1(c)	Tran	sac	tion Indi	icati	on	,					
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	I - No	n-Deriva	tive S	Secui	rities	Acc	uired	, Dis	posed of	, or l	Bene	ficia	lly Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day			Execution Date,				s Acquired (A) or of (D) (Instr. 3, 4 and			Benefic Owned	ties Fo cially (D d Following (I)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership					
							Code	v	Amount	(A) or (D)		Price		orted saction(s) r. 3 and 4)			(Instr. 4)		
Common	Common Stock 01/19			01/19/2	2024			S		5,000,000	0 1	D	\$3.95	21,687,906		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ercise (Month/Day/Year) if any Code (Instr. 8) Deriva Securitive		rative rities iired r osed)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		(3. Price of Derivative Security Instr. 5)		Owr Forr Dire or Ir (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amo or Num of Shar	ber					

Explanation of Responses:

By: /s/ Philip Chase, Chief **Executive Officer**

01/22/2024

** Signature of Reporting Person

Date

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

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.

^{*} 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).