FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washingto

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours por rosponso: | 0.5 | | | | | | | | |

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

| Name and Address of Reporting Person* ZELDIS JEROME B | | | | | 2. Issuer Name and Ticker or Trading Symbol NexImmune, Inc. [NEXI] | | | | | | | | Relationship of the control of the c | able) | Persor | n(s) to Issue 10% Ow Other (sp | ner | |
|---|--|------------|---|---|---|--|-----|--|---|---|---|---|--|--|--|--|----------|--|
| (Last) (First) (Middle) C/O NEXIMMUNE, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/11/2021 | | | | | | | helow) | ive VP of Research & De | | ´ | | | |
| 9119 GAITHER ROAD | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) GAITHE | ERSBURG | MD | 20877 | | | | | | | | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | ng | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | . 0.001 | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution Date, | | e, Transaction Disposed Code (Instr. | | ities Acquired (A) or d Of (D) (Instr. 3, 4 au | | Beneficia Owned F | Form (D) or ollowing (I) (In | | Direct II Indirect E tr. 4) C | 7. Nature of ndirect Beneficial Dwnership | | | | |
| | | | | | | | | Code | v | Amount | (A) o (D) | Price | Reported Transact (Instr. 3 a | ion(s) | | | nstr. 4) | |
| | 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 | | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 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) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisabl | | xpiration ate | Title | | | (Instr. 4) | | | | |
| Stock Option (right to buy) | \$17 | 02/11/2021 | | A | | 351,016 | | (1) | 0 | 2/11/2025 | Common Stock | 351,016 | \$0.00 | 351,016 | 6 | D | | |

Explanation of Responses:

1. 25% of the shares subject to the option shall vest on the first anniversary of the grant date (the "Initial Vesting Date") (2/11/2021) and 1/48 of the shares subject to the option shall vest on each month anniversary of the Initial Vesting Date such that after four (4) years, all shares subject to the option shall be vested, subject to the participant's continuous service on each such vesting date.

Remarks:

/s/ Ilse Johnson, Attorney-in-02/16/2021 <u>fact</u>

** 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.