SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the I any Act of 1940 ant Com

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1. Name and Address of Reporting Person [*] HERON ELAINE J			2. Date of Event Requiring Statement (Month/Day/Year) 12/13/2024	3. Issuer Name and Ticker or Trading Symbol <u>PALVELLA THERAPEUTICS, INC.</u> [PVLA]				
(Last) (First) (Middle) C/O PALVELLA THERAPEUTICS, INC. 125 STRAFFORD AVENUE, SUITE 360		-	4. Relationship of Reporting Person(s) to Issuer (Check all applicable)			5. If Amendment, Date of Original Filed (Month/Day/Year)		
			X	Director Officer (give title below)	10% Owner Other (specify below)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person		
(Street) WAYNE	РА	19087					Form filed by More than One Reporting Person	
(City)	(State)	(Zip)						
			Table I - Non-Deriva	tive So	ecurities Beneficially	/ Owned		
1. Title of Secu	rity (Instr. 4)			2. Amou	nt of Securities	3. Ownership	4. Nature of Indirect Beneficial Ownership (Instr.	

1. Title of Security (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	1 '
Common Stock	45,412	D	
Common Stock	5,879	Ι	by Trust

Table II - Derivative Securities Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		Conversion or Exercise	Form: Direct (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Indirect (I) (Instr. 5)	
Stock Option (right to buy)	(1)	04/24/2029	Common Stock	4,642	7.14	D	

Explanation of Responses:

1. The stock option is fully vested.

/s/ Kathleen A. McGowan,

12/16/2024

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 5 (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.

OMB APPROVAL

Attorney-in-Fact ** Signature of Reporting Person

Date

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 and appoints Kathleen A. McGowan of Palvella Therapeutics, Inc. (the "Company") with full power of substitution, to: 1) execute for and on behalf of the undersigned, in the undersigned's capacity as an offic er and/or director and/or beneficial owner of the Company, Form ID Application, Forms 3, 4, and 5 in accordance with Section 16(a) of the Securities Exchange Act of 1934, as amended, and the rules thereunder; 2) do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to complete and execute any such Form ID Application, Form 3, 4, or 5, complete and execute any such Form ID Application, form 3, 4, or 5, complete and execute any amendment or amendments thereto, and timely file such form with the United States Securities and Exchange Commission and any stock exchange or similar authority; and 3) take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attomey-in-fact, may be of Benefit to, in the best interest of, or legally required by, the undersigned, it being understood that the documents executed by such attorney-in-fact on behalf of the undensigned pursuant to this Power of Attorney shall be in such form and shall contain such terms and conditions as such attorney-in-fact on a soft as fully to all intents and purposes as the undersigned may an prove in such attomey-in-fact as fully to all intents and purposes as the undersigned might or could do if personally present with full power of substitution or revocation, hereby ratifying and confirming all that such attorney -in-fact. My Ofter ights and powers of attorney shall remain in full force and effect until revoked by the undersigned in a signed writing delivered to the attorney -in-fact. My Ofter ights and powers of attorney shall remain in full force and effect until revoked by the undersigned in a signed writing delivered to the attorney -in-fact. My HTNESS WHEREOF, the undersigned has caus		POWER OF ATTO	DRNEY
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