FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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|-------------|------------|

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

MENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |

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* VEZINA VICTORIA | | | | | 2. Issuer Name and Ticker or Trading Symbol RAPID MICRO BIOSYSTEMS, INC. [RPID] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Officer (give title Other (specify) | | | | | |
|--|--|---------|---|--------------------------|---|--|--------|--|--------------------|---|---------------------------------------|------------------|---|---|-------------------------------|---|--|---|------------|
| (Last) | (Fir | rst) (M | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/12/2024 | | | | | | | | X CHI | belov | | | below) | ` |
| 1001 PAWTUCKET BOULEVARD WEST, SUITE 280 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | |
| (Street) | | | 1051 | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| LOWELL MA 01854 | | | | Rul | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | |
| (City) | (St | ate) (Z | <u>Z</u> ip) | | | 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. | | | | | | | | | nded to | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Benefi | cially | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Execu ly/Year) if any | | Deemed cution Date, y nth/Day/Year) | | 3. 4. Securitie Transaction Code (Instr. 8) 5. | | | | | and Securit Benefit Owned | | ties cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | | v | Amount | (A) or (D) | | се | Transa | eported ransaction(s) nstr. 3 and 4) | | | (Instr. 4) |
| Class A Common Stock 02/12/ | | | | | 2024 | | | F | | 2,727 ⁽¹⁾ D | | \$ | 0.96 | 96 118,043 | | | D | | |
| | | Tal | | | | | | | | | osed of, o | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | Derivative Conversion Date Security or Exercise (Month/Day/Year) Execution Date, | | 4. Transaction Code (Instr. 8) | | of Deriv Secu Acqu (A) o Dispo | expiration (Month/E (| | te Exercisable and ration Date th/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | De Se (In: | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | Code | v | (A) | (D) | | | Expiration Date | Title | Amour or Number of Shares | r | | | | | | | |

Explanation of Responses:

1. Represents the withholding of shares received upon the vesting of restricted stock units to cover the associated tax obligations.

Remarks:

/s/ Sean M. Wirtjes, Attorneyin-Fact for Victoria Vezina

02/14/2024

** 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.