

OMB APPROVAL	
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**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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

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 10b5-1(c). See Instruction 10.

1. Name and Address of Reporting Person * <u>FRESENIUS MEDICAL CARE HOLDINGS INC /NY/</u>  (Last) (First) (Middle) <u>920 WINTER STREET</u>  (Street) <u>WALTHAM MA 02451-1547</u>  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>Humacyte, Inc. [ HUMA ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title below) <input checked="" type="checkbox"/> Other (specify below) <b>Former 10% Shareholder</b>
	3. Date of Earliest Transaction (Month/Day/Year) <u>08/26/2021</u>	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock, par value \$0.0001 per share								18,312,735 <sup>(1)(2)</sup>	D <sup>(3)</sup>	

**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	3. Transaction Date (Month/Day/Year)	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) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date					

**Explanation of Responses:**

- Excludes the Reporting Person's pro rata share of up to 15,000,000 additional shares of the Issuer's Common Stock which may become issuable to the former shareholders of Humacyte, Inc. pursuant to the terms of the Business Combination Agreement dated as of February 17, 2021 by and among the Issuer, Hunter Merger Sub, Inc. and Humacyte, Inc., as to which the Reporting Person disclaims any present beneficial ownership interest.
- This Form 4 is being filed solely to report that the Reporting Person is no longer subject to Section 16. (See the checkbox on page 1.) The decrease in the Reporting Person's beneficial ownership to less than 10% is solely the result of an increase in the number of outstanding shares of the Issuer's Common Stock subsequent to the filing of the Reporting Person's Initial Statement of Beneficial Ownership on Form 3. Neither of the Reporting Person nor FME (see note 3) has disposed of or acquired any shares of the Issuer's Common Stock subsequent to the filing of such Form 3 on September 2, 2021.
- Fresenius Medical Care Holdings, Inc. is an indirect, wholly-owned subsidiary of Fresenius Medical Care AG ("FME"). FME's address is Else-Kroner Strasse 1, 61352 Bad Homburg, Germany.

Fresenius Medical Care Holdings, Inc. /s/ Bryan Mello 12/08/2025  
By: Bryan Mello Vice President and Asst. Treasurer  
 \*\* 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.