FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
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| rusinington, | D.O. | 20040 | |

| STATEMENT OF CHANGES IN BENEFICIAL OWNERSH | łР |
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| OMB APPROVAL | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 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

| 1. Name and Address of Reporting Person* <u>Dougan Brady W</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol Humacyte, Inc. [HUMA] | | | | | | | (Che | $ \begin{array}{ccc} \text{5. Relationship of Reporting Person(s) to Issuer} \\ \text{(Check all applicable)} \\ & X & \text{Director} & X & 10\% \text{ Owner} \end{array} $ | | | | | | |
|--|--------|-----------------------|-----------------------------|---------|--|---|--|--------------------------------------|-------------------|--|----------------------|---|---|--|---|---|-----------------------|------------|--|
| (Last) 2525 EA | • | irst) I CAROLINA H | (Middle) | 54 | | 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2023 | | | | | | | | Officer (give title Other (specify below) below) | | | | | |
| (Street) | M N | C | 27713 | | _ 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line) | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | |
| Table I - Non-Deriv. 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | saction | Execution Date, | | | 3. 4. Securiti Disposed Code (Instr. | | of, or Beneficial ties Acquired (A) or I Of (D) (Instr. 3, 4 and | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction (Instr. 3 ar | | | | (Instr. 4) | |
| Common Stock | | | 03/03 | 1/2023 | | | | М | | 100,00 | 00 A | \$1.19 | 1,270 | 1,270,240 | | 1 1 | By spouse | | |
| Common Stock | | | | | | | | | | | | | 17,990 |),736 | | I | By Ayabudge LLC | | |
| Common Stock | | | | | | | | | | | | | | 510, | 161 | | D | | |
| | | | Table II - | | | | | | | | osed of, converti | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise (Instr. 3) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) | | ate, T | Transaction Code (Instr. | | Derivative I | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | • | 7. Title an of Securit Underlyin Derivative (Instr. 3 an | ies g Security | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported | re es ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | | | |
| | | | | Co | Code | v | (A) | | Date Exercisal | | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | | | |
| Stock Options (right to buy) | \$1.19 | 03/01/2023 | | | М | | | 100,000 | 11/22/20 | 16 | 11/22/2023 | Common Stock | 100,000 | \$0 | 162,5 | 96 | I | By spouse | |

Explanation of Responses:

Remarks:

/s/ Brady W. Dougan by Dale A. Sander as Attorney-in-Fact

03/02/2023

** 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.