FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

					or Se	ction 3	30(h) c	of the	Investr	nent C	Company Act o	of 19	40							
Name and Address of Reporting Person*     Dougan Brady W						2. Issuer Name <b>and</b> Ticker or Trading Symbol Humacyte, Inc. [ HUMA ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director X 10% Owner					
(Last)	(Fir	rst) (N	(Middle)				3. Date of Earliest Transaction (Month/Day/Year) 06/13/2023									er (give titl w)	е		(specify	
2525 EAST NORTH CAROLINA HIGHWAY 54						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) DURHAM NC 27713														X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(City) (State) (Zip)					Rule 10b5-1(c) Transaction Indication														
Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See In																				
		Table	I - N	Ion-Derivat	tive S	ecui	rities	Ac	quire	d, Di	sposed of	f, o	r Bei	nefici	ally Ow	ned				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye				Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 5)				and Securities Beneficially Owned Following		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		ed ction(s) 3 and 4)						
Common Stock 06/13/2023				3			S		4,875,000 <sup>(</sup>	1)	D	\$2.6	5 10,4	10,490,736		I	By Ayabudge LLC			
Common	Stock														51	0,161		D		
Common Stock													1,2	1,270,240		I	By spouse			
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  (Instr. 3)  3. Transaction Date Execution Date, if any (Month/Day/Year)						Transaction Number Code (Instr. of		rative irities uired r osed ) r. 3, 4	Expir (Mon	ation I	rcisable and Date /Year)	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		of s ng e	8. Price of Derivative Security (Instr. 5)			10. Ownersh Form: Direct (D) or Indirec (I) (Instr.	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Titl	or Nu of	nount imber ares						

## **Explanation of Responses:**

1. The sales were made by Ayabudge LLC, an entity controlled by Brady W. Dougan. The transactions enabled Mr. Dougan to pay down leverage while providing a mechanism for the institutional healthcare investor purchasers to acquire shares of the Issuer at a time that the Issuer was not conducting a financing transaction and was not making any additional shares available for purchase.

## Remarks:

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

06/15/2023

\*\* 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.