FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinatan	D C	20540	
Nashington,	D.C.	20049	

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average	e burden								
hours per respons	e: 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

Name and Address of Reporting Person* Binder Gordon M					2. Issuer Name and Ticker or Trading Symbol Humacyte, Inc. [HUMA]						(Che	5. Relationship of Reporti (Check all applicable) X Director			o Issuer Owner			
(Last)	(Fir	st) (I	Middle)	/AY 54	05/1	3. Date of Earliest Transaction (Month/Day/Year) 05/15/2024						belov		belo	<i>'</i>			
(Street)			27713		4. If <i>A</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Inc Line)	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			erson		
(City)	(Sta	ate) (.	Zip)	,	Rul	Rule 10b5-1(c) Transaction Indication												
	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.																	
		Table	l - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or E	3ene	ficial	ly Own	ed		
Date		2. Transact Date (Month/Day	Execution Date,		3. Transaction Code (Instr. 8) 4. Securities A Disposed Of (I 5)		Acquired (A) or f (D) (Instr. 3, 4 and		Securi Benefi Owned	5. Amount of Securities I Beneficially (Owned Following Reported		of Indirect Beneficial Ownership						
									Code	v	Amount	(A) (D)	or P	rice	Transa	ction(s) 3 and 4)		(Instr. 4)
Common Stock		05/15/2024		i e		P		50,000 A \$		66.57 ⁽¹	5	0,000	I	By the Binder Trust dated 15 July 2003				
Common	Stock			05/15/2	2024				P		50,000	A	\$	6.78(2	16	0,000	D	
		Та									osed of, convertib				Owne	d		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Dee Execut if any	· • · ·	4. Transa	4. 5. Number of Orivative Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Titl Amou Secur Unde Deriv	Title and nount of curities derlying rivative curity (Instr.		Price of erivative ecurity nstr. 5)		Owners Form: Direct (or Indir (I) (Insti	Beneficial Ownership ect (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amo or Num of Shar	ber				

Explanation of Responses:

- 1. The price is a weighted average price. The shares were purchased in multiple transactions at per share prices ranging from \$6.44 to \$6.59. The Reporting Person undertakes to provide upon request to the SEC staff, or any stockholder of the Issuer, full information regarding the number of shares purchased at each separate price within the range set forth in this footnote.
- 2. The price is a weighted average price. The shares were purchased in multiple transactions at per share prices ranging from \$6.64 to \$6.96. The Reporting Person undertakes to provide upon request to the SEC staff, or any stockholder of the Issuer, full information regarding the number of shares purchased at each separate price within the range set forth in this footnote.

Remarks:

/s/ Gordon M. Binder by Dale A. Sander as Attorney-in-Fact

05/15/2024

** 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.