FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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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* Adair Jason						2. Issuer Name and Ticker or Trading Symbol Liquidia Corp [LQDA]								Relationship of Reporting Person(s) to Issuer (Check all applicable) Director					vner
(Last) (First) (Middle) 419 DAVIS DRIVE, SUITE 100					3. Date of Earliest Transaction (Month/Day/Year) 07/26/2024									>	Officer (give title Other (specify below) Chief Business Officer				specify
(Street) MORRISVILLE NC 27560					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable le) Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)						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 I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date)						ution [eemed ution Date, h/Day/Year)		ction Instr.	4. Securities Acquired (ADisposed Of (D) (Instr. 35)		ıired (A nstr. 3,) or 4 and	Securi Benefi Owned	5. Amount of Securities Beneficially Owned Following		m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	t (A) or (D)		ice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 07/26/2						2024			S ⁽¹⁾		1,833(2)	Г	\$	11.44	113	3,393(3)		D	
	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)	if any	emed tion Date, n/Day/Year)		Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exerc ion Da /Day/Y		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amou or Numb of Share	er						

Explanation of Responses:

- 1. Transaction effected pursuant to a Rule 10b5-1 plan adopted by the Reporting Person on December 15, 2023.
- 2. These shares were sold to cover taxes associated with the settlement of RSUs that were initially granted to the Reporting Person on July 6, 2023.
- 3. Includes (i) 39,588 RSUs granted to the Reporting Person on January 11, 2024, none of which have vested as of the date of this Form 4, (ii) 18,750 unvested RSUs of the 25,000 RSUs granted to the Reporting Person on July 6, 2023 and (iii) 8,059 shares acquired under the Liquidia Corporation 2020 Employee Stock Purchase Plan.

07/29/2024

** 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.