FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 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).

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.

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* Moomaw Scott					2. Issuer Name and Ticker or Trading Symbol Liquidia Corp [LQDA]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
														V		er (give title		10% Ov Other (
(Last) (First) (Middle) 419 DAVIS DRIVE, SUITE 100				3. Date of Earliest Transaction (Month/Day/Year) 10/14/2024									below) below) Chief Commercial Officer						
(Street) MORRISVILLE NC 27560				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person						
(City) (State) (Zip)			Zip)											Form filed by More than One Reporting Person					
		Table) I - N	on-Deriva	tive \$	Secui	rities	Ac	quire	d, Dis	sposed of	, or E	Benefic	cially	Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y				Year)	Execution Date,			3. Transa Code (8)	ction	4. Securities Disposed Of			Benefic Owned		ties cially I 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		Report Transa (Instr.	nsaction(s) tr. 3 and 4)					
Common Stock 10/14/202)24	24		S ⁽¹⁾		1,527(2)	D	\$11.	1077	152	2,798(3)		D		
		Та	ble II	- Derivati (e.g., pu							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. 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 (Insti 3 and 4)		8. Price of Derivativ Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownershi (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amoun or Number of Shares	r					

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 of common stock were sold to cover taxes associated with the settlement of restricted stock units ("RSUs") that were initially granted to the Reporting Person on January 11, 2023.
- 3. Includes (i) 46,874 unvested RSUs of the 83,333 RSUs granted to the Reporting Person on January 11, 2023, (ii) 49,723 RSUs granted to the Reporting Person on January 11, 2024, none of which have vested as of the date of this Form 4 and (iii) 9,629 shares acquired under the Liquidia Corporation 2020 Employee Stock Purchase Plan.

/s/ Scott Moomaw

10/15/2024

** 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.