☐ 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 that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

OMB APPROVAL

OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

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 *					2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
GRIFFIN M	ICHAEL	. D		F	Rock	et Lab	USA, I	nc.	[RK	LB]				nicable)			
(Last) (First) (Middle)				3	3. Date of Earliest Transaction (MM/DD/YYYY)							X_ Director 10% Owner Officer (give title below) Other (specify below)					
													Officer (giv	e title below	/)Otl	ner (specify b	below)
C/O ROCK			C., 388	31			6/12	2/2()24								
MCGOWEN																	
	(Stree	et)		4	. If Ar	nendme	nt, Date O	rigir	nal File	ed (MM/D	D/YY	YY)	6. Individual o	or Joint/G	roup Filing	(Check Appl	icable Line)
LONG BEACH, CA 90808												X Form filed by One Reporting Person					
(City) (State) (Zip)												Form filed by More than One Reporting Person					
			Table I	- Non-D	erivat	ive Secu	irities Acc	quir	ed, Di	sposed o	f, or		neficially Owne				
1.Title of Security (Instr. 3) 2. Trans. I			. Trans. Dat	Exec	Deemed cution c, if any	3. Trans. Co (Instr. 8)	de	e 4. Securities Acquired or Disposed of (D) (Instr. 3, 4 and 5)					ount of Securities Beneficially Owned ving Reported Transaction(s) 3 and 4)		Ownership of Indi Form: Benefi	7. Nature of Indirect Beneficial Ownership	
							Code	V	Amou	(A) (D)		rice				or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock 6/12/202				6/12/2024			A		42,353	<u>(1)</u> A		\$0			81,799	D	
	Tab	le II - Dei	rivative S	Securitie	s Ben	eficially	Owned (e.g.,	puts,	calls, wa	ırran	ıts,	options, conver	tible secu	ırities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deem Execution Date, if an	(Instr.		Derivativ Acquired Disposed	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date		Securities U Derivative S (Instr. 3 and		and 4)	nderlying ecurity 4) Derivative Security (Instr. 5)		Ownership Form of Derivative	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Cod	e V	(A)	(D)	Date Exe	e rcisable	Expiration Date	Title		nount or Number of ares		Transaction(s) (Instr. 4)	(I) (Instr. 4)	

Explanation of Responses:

(1) Represents restricted stock units ("RSUs") granted to Michael D. Griffin under the Rocket Lab USA, Inc. Amended and Restated Non-Employee Director Compensation Policy. Such RSUs will vest in full on the earlier of (i) the one-year anniversary of the grant date or (ii) the next Annual Meeting of Stockholders. The RSUs were granted on June 12, 2024.

Reporting Owners

reporting o mers							
Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
GRIFFIN MICHAEL D							
C/O ROCKET LAB USA, INC.	X						
3881 MCGOWEN STREET	Λ						
LONG BEACH, CA 90808							

Signatures

/s/ Arjun Kampani as Attorney-in-Fact for Michael D. Griffin

6/14/2024

**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 control number.