☐ 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)				
Slusky Alexa	nder R			Ro	ocke	et Lab	USA, Iı	ıc.	[RK	LB]							
(Last)					3. Date of Earliest Transaction (MM/DD/YYYY)								X_ Director10% Owner Officer (give title below) Other (specify below)				
C/O ROCKET LAB USA, INC., 3881 MCGOWEN STREET					6/12/2024												
	(Stree	et)		4.]	lf An	nendmei	nt, Date O	rigin	al File	d (MM/DI	D/YYY	Y) 6. Indivi	dual	or Joint/G	roup Filing	(Check Appl	icable Line)
LONG BEACH, CA 90808 (City) (State) (Zip)					-								X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				
			•	- Non-Der	ivati	ive Secu	rities Acq	uire	ed, Dis	sposed of	f, or l	Beneficially (Owne	ed			
1.Title of Security (Instr. 3)			Trans. Date	2A. Deem Execution Date, if an		3. Trans. Co. (Instr. 8)	de	4. Securities Acquir or Disposed of (D) (Instr. 3, 4 and 5)				Amount of Securities Beneficially Owned bllowing Reported Transaction(s) nstr. 3 and 4)			Ownership Form: Direct (D)	Beneficial Ownership	
							Code	V	Amou	(A) o	r Pri	ce				or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock				6/12/2024			A		42,353	(<u>1</u>) A	\$	0			119,889	D	
	Tab	le II - Der	ivative S	Securities	Bene	eficially	Owned (a	e.g.,	puts,	calls, wa	rran	ts, options, co	onvei	tible secu	ırities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	se	3A. Deem Execution Date, if an	(Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		and	6. Date Exercisable and Expiration Date			e and Amount of ities Underlying ative Security 3 and 4)	derlying Derivative Security) (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported	Ownership Form of Derivative	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exer	e rcisable	Expiration Date	Title	Amount or Num Shares	ber of		Transaction(s) (Instr. 4)	(I) (Instr. 4)	

Explanation of Responses:

(1) Represents restricted stock units ("RSUs") granted to Alexander R. Slusky 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 where								
Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	1	Other				
Slusky Alexander R								
C/O ROCKET LAB USA, INC.	X							
3881 MCGOWEN STREET	A							
LONG BEACH, CA 90808								

Signatures

/s/ Arjun Kampani as Attorney-in-Fact for Alexander R. Slusky

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.