☐ 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. 1	2. Issuer Name <b>and</b> Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Possenriede	Kenneth	R		Ro	cke	t Lab	USA, I	nc.	[ RK]	L <b>B</b> ]			1.	piicaoie)			
(Last)	st) (First) (Middle)			3. I	3. Date of Earliest Transaction (MM/DD/YYYY)								X_ Director 10% Owner Officer (give title below) Other (specify below)				
C/O ROCKI MCGOWEN			C., 3881	1			8/2	1/2(	)24								
	(Stree	et)		4. I	f An	nendme	nt, Date O	rigir	nal File	d (MM/DI	D/YYY	(Y) 6.	Individual	or Joint/G	roup Filing	(Check Appl	licable Line)
LONG BEACH, CA 90808  (City) (State) (Zip)												_3	X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
	<i>1</i> ) (2	(24)		Non-Der	ivati	ve Secu	ırities Acq	quire	ed, Dis	posed o	f, or l	Benefi	cially Own	ed			
1. Title of Security (Instr. 3)			Frans. Date	Exec	Deemed ution if any	3. Trans. Co (Instr. 8)	de	or Disposed of (D (Instr. 3, 4 and 5)		) Fol		. Amount of Securities Beneficially Owned ollowing Reported Transaction(s) (Instr. 3 and 4)			Ownership Form: Direct (D)	Beneficial Ownership	
							Code	V	Amou	(A) o		ice				or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock			8	3/21/2024			A		66,797	( <u>1</u> ) A	S	\$0			66,797	D	
	Tab	le II - Der	ivative Se	ecurities !	Bene	eficially	Owned (	e.g.,	puts, c	alls, wa	rrant	ts, opt	ions, conve	rtible secu	ırities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date Execu	3A. Deemed Execution Date, if any	(Instr. 8)	Acqu Disp		er of we Securities 1 (A) or 1 of (D) 4 and 5)	and	6. Date Exercisable and Expiration Date  Date Expiration		7. Title and Securities U Derivative S (Instr. 3 and		derlying curity Security (Instr. 5)		derivative Securities Beneficially Owned Following Reported	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	de V (A)		(D)		te Expiration ercisable Date		Title	Amoun Shares	Amount or Number of Shares		Transaction(s) (Instr. 4)	(I) (Instr. 4)	

## **Explanation of Responses:**

(1) Represents restricted stock units ("RSUs") granted to the reporting person under the Rocket Lab USA, Inc. Amended and Restated Non-Employee Director Compensation Policy. Such RSUs vest as follows: 1/3 of the RSUs will vest August 21, 2025, 1/3 will vest August 21, 2026, and 1/3 will vest August 21, 2027, in each case subject to the reporting person's continuous service relationship through each applicable vesting date. The RSUs were granted on August 21, 2024.

**Reporting Owners** 

Panarting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Possenriede Kenneth R C/O ROCKET LAB USA, INC. 3881 MCGOWEN STREET LONG BEACH, CA 90808								

## **Signatures**

/s/ Arjun Kampani, as Attorney-in-Fact for Kenneth R. Possenriede

8/23/2024

\*\*Signature of Reporting Person

Date

- \* 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.