SEC	Form 4	
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FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OMB APPROVAL

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					0	1 Sec			Investmen	001	Ipany Act	01 194	0						
1. Name and Address of Reporting Person [*] McFarlane Neil F.					2. Issuer Name and Ticker or Trading Symbol <u>ZEVRA THERAPEUTICS, INC.</u> [ZVRA]								(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
		<u>1.</u>												2	Director	r		10% O	wner
(Last)	(F	First)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/31/2024					3	Officer (below)	(give title		Other (below)	specify			
C/O ZEVRA THERAPEUTICS, INC.					01/51/2024								President and CEO						
1180 CELEBRATION BOULEVARD, SUITE 103				4. If Amendment, Date of Original Filed (Month/Day/Year)							G In	6 Individual or Joint/Crown Filing (Chook Assiliashis							
1180 CELEBRATION BOULEVARD, SUITE 105				4.	4. II Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)														2	Form fil	ed by One	e Repo	rting Perso	n
. ,	RATION F	L	34747												Form fil Person		re than	One Repo	rting
(City)	(5	State)	(Zip)		R	ule	10b5-1	1(c)	Transa	acti	on Ind	icati	on						
						Che the	ck this box affirmative c	to indi defens	cate that a tr e conditions	ansa of Ru	ction was m lle 10b5-1(o	nade pu c). See	rsuant Instruc	to a contrac tion 10.	t, instruction	or written p	olan that	is intended	to satisfy
		Та	ble I - Nor	n-Deriv	vativ	ve Se	ecurities	s Ac	quired,	Dis	oosed c	of, or	Ben	eficially	Owned				
1. Title of Security (Instr. 3) Date (Month/L				action Day/Year) 24. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispose Code (Instr.		ities Acquired (A) c d Of (D) (Instr. 3, 4			5. Amoun Securities Beneficia Owned Fo Reported	s Form ally (D) of ollowing (I) (In		Direct Indirect	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) or D)	Price	Transactie (Instr. 3 a	on(s)			(Instr. 4)
			Table II - I						uired, D			, or B	ene				<u> </u>		
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any		ate, T C	ransa Code (I	ansaction D ode (Instr. S A or		Derivative E		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported	e Ownersh s Form: ally Direct (D or Indire g (I) (Instr.	Ownership	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisabl		xpiration	Title		Amount or Jumber of Shares		Transact (Instr. 4)	ion(s)		

Explanation of Responses:

(1)

Restricted Stock Unit

1. Each restricted stock unit represents a contingent right to receive one share of Issuer common stock. Grant to the Reporting Person of restricted stock units ("RSU").

700,000

2. The restricted stock units will vest and settle as to one third of the restricted stock units on January 31, 2025, and the remaining two thirds of the restricted stock units will vest and settle in equal annual installment thereafter, subject in each case to the Reporting person's ongoing employment.

(2)

<u>/s/</u> T	<u>`imothy .</u>	<u>J. Sangiov</u>	anni,
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700,000

\$<mark>0</mark>

700,000

02/02/2024

D

McFarlane

Commor Stock

(2)

** 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).

01/31/2024

** 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.

Α

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.