FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL					
OMB Number:	3235- 0104				
Estimated average burden					
hours per response:	0.5				

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* Thompson Rahsaan 2. Date of Event Requiring Statement (Month/Day/Year) 06/21/2024			3. Issuer Name and Ticker or Trading Symbol ZEVRA THERAPEUTICS, INC. [ZVRA]					
(Last) (First) (Middle) C/O ZEVRA THERAPEUTICS, INC. 1180 CELEBRATION BOULEVARD, SUITE 103 (Street) CELEBRATION FL 34747 (City) (State) (Zip)	-		4. Relationship of Reporting Issuer (Check all applicable) Director Officer (give title below) Chief Legal & Co	10% C Other below)	owner (specify	Person	vint/Group Filing e Line) by One Reporting by More than One	
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)			. Amount of Securities Beneficially Owned (Instr.)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable and Expiration Date (Month/Day/Year)			Underlying Derivative Security (Instr. 4) Convers			ise Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
				ecurity	or Exerci Price of			

Explanation of Responses:

Remarks:

Exhibit List: Exhibit 24 - Power of Attorney

No securities are beneficially owned.

/s/ Rahsaan W. Thompson 06/25/2024

** 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 5 (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.