Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

	OMB APPROVAL								
	OMB Number: 3235-028 Estimated average burden								
- 1	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* Shih Alvin					2. Issuer Name and Ticker or Trading Symbol ZEVRA THERAPEUTICS, INC. [ZVRA]] (Ch	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last)	(Fi	rst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/20/2024							Officer below)	(give title	Other (s below)	pecify
C/O ZEVRA THERAPEUTICS, INC. 1180 CELEBRATION BOULEVARD, SUITE 103				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person				
(Street)	RATION FI		34747		_			4 ()					Form fi Person		nan One Repor	ting
(City)	(S	,	(Zip)			Rule 10b5-1(c) Transaction Indication 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.										
1. Title of Security (Instr. 3) 2. Transa Date					action	Execution Date, Transaction Disposed Of (D) (Instr.			ed (A) or	r 5. Amount of 6. Owr and Securities Form:		rm: Direct	7. Nature of Indirect Beneficial			
(Month/Da			<i>Бау</i> / ге	ay/Year) II any (Month/Day/Yea				Amount	(A) or (D)	Price		ollowing (I) I ion(s)	(Instr. 4)	Ownership (Instr. 4)		
		7							uired, Dis , options,				Owned	,	,	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	ate, T	4. Transaction Code (Instr. 8)		of I		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				c	Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (right to buy)	\$5.72 ⁽¹⁾	01/20/2024			A		58,800		(2)	01/19/2034	Common Stock	58,800	\$0	58,800	D	

Explanation of Responses:

- 1. The exercise price is equal to the closing price of the Issuer's common stock on the Nasdaq Global Select Market on the date of grant, January 19, 2024.
- 2. Grant to the Reporting Person of a stock option under the Issuer's 2014 Equity Incentive Plan (the "Plan"). 33.33% of the shares will vest on January 20, 2025 and the remaining 66.67% of the shares will vest in equal annual installments thereafter, provided that at the relevant vesting dates such optionee's employment relationship has not been terminated as defined in the Plan. All shares underlying the option will vest in full and become immediately exercisable upon a change of control of the Issuer or if the Reporting Person is terminated without cause or resigns for good reason. The option expires ten years after the date of grant.

/s/ Timothy J. Sangiovanni, Attorney-in-Fact for Alvin Shih

02/02/2024

** 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 Number.