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

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

ashington,	D.C. 20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-028								
Estimated average	e burden							
hours per respons	e: 0.5							

1. Name ar	nd Address o	f Reporting Person*	,		2. ls:	suer Na	ame and	Ticke	er or T	radin	g Symbol				ationship		ting Pe	erson(s) to	Issuer
Caligar	n Partner	<u>s LP</u>				<u> u1a18</u>	a Corp	LL	QDA	\]				X	Direct	tor	-	011	Owner
(Last) 590 MA	(F DISON AV	,	Middle))		Date of Earliest Transaction (Month/Day/Year) 9/06/2022								below	,	e y Rema	below	(specify ()	
(Street) NEW YO			.0022		4. If <i>i</i>	Amend	ment, Da	ite of	Origii	nal Fil	ed (Month/Da	y/Year)		Indiv ne)	Form	filed by O	ne Rep	ng (Check porting Pe an One Re	
(City)	(S		Zip) • I - N •	on-Deriva	ative :	Secu	rities A		uired	d, Di	sposed of	, or B	enefici	ially	Owne	ed			
Da			2. Transacti Date (Month/Day	Executy/Year) if any		Execution Date, f any				s Acquired (A) of f (D) (Instr. 3, 4		and Securiti Benefic		es ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								С	Code	v	Amount	(A) or (D)	Price	- 1	Transact (Instr. 3 a	tion(s)			(111501.4)
ı	Stock, \$0. ommon St	001 par value pe ock")	r	09/06/20	022				P		250,000	A	\$5.62	(1)	10,64	13,627		I	See footnote ⁽²⁾
		Та	ble II								oosed of, convertib				Owned	d			
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	Exectifi any			ansaction of De Se Ac (A) Dis of (In an		ve es ed	6. Date Exe Expiration I (Month/Day		ate	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price c Derivativ Security (Instr. 5)		9. Numbe derivative Securitie: Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficia Ownersh t (Instr. 4)
					Code	v	(A) (E		Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares						

1. Name and Addre <u>Caligan Partr</u>	ss of Reporting Person ners <u>LP</u>	*	
(Last)	(First)	(Middle)	
590 MADISON	AVENUE		
(Street)			
NEW YORK	NY	10022	
(City)	(State)	(Zip)	
	ss of Reporting Person		
(Last)	(First)	(Middle)	
590 MADISON	AXZENILIE		
390 MADISON	AVENUE		
(Street)	AVENUE		
		10022	

Explanation of Responses:

- 1. Price is the volume weighted average purchase price of all purchases by Caligan Partners LP ("Caligan") and David Johnson (together with Caligan, the "Reporting Persons") on the transaction date for prices ranging from \$5.47 to \$5.77.
- 2. The securities reported herein are held by an affiliated fund to which Caligan serves as investment manager and a managed account to which Caligan serves as a consultant. David Johnson is the Partner of Caligan and a Managing Member of Caligan Partners GP LLC, the general partner of Caligan.

Remarks:

Remarks: The Reporting Persons disclaim beneficial ownership in the securities reported on this Form 4 except to the extent of its or his pecuniary interest, if any, therein, and this report shall not be deemed to be an admission that such Reporting Persons are the beneficial owners of such securities for purposes of Section 16 or for any other purpose. Caligan may be deemed to be a director by deputization of Liquidia Corporation (the "Issuer") by virtue of the fact that Mr. Johnson currently serves on the Issuer's board of directors.

David Johnson, Partner

/s/ David Edward Johnson

** Signature of Reporting Person Date

09/07/2022

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.