FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

washington, b.c. 20049

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									

0.5

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(b) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Vahanian Nicholas N.</u>				2. Issuer Name and Ticker or Trading Symbol NEWLINK GENETICS CORP [(NLNK)]									Check	tionship of Reporti all applicable) Director Officer (give title		10%		Issuer Owner (specify		
(Last) (First) (Middle) C/O NEWLINK GENETICS CORPORATION 2503 SOUTH LOOP DR., SUITE 5100				N	3. Date of Earliest Transaction (Month/Day/Year) 01/02/2019										X	below) below) President				
(Street) AMES IA 50010 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									i. Indiv ine) X	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	e I - Nor	n-Deriv	ative	Se	curitie	es Ac	quire	d, Dis	sposed c	of, or	Bene	efici	ally	Owne	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Execution Date		n Date,	Code (Instr. 5)				4 and Se Be		ount of ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Cod	e V	Amount		(A) or (D)	Price	e	Transa	eported ransaction(s) nstr. 3 and 4)			(Instr. 4)
Common Stock 01/02/3						/2019		F		2,229(1)		D	\$1.66		51,179(2)		D			
Common Stock 01/04/					/2019		F		2,626(3)		D	\$1.55		48,553 ⁽²⁾		D				
		Та									osed of, onvertib					vned				
1. Title of Derivative Security (Instr. 3)		3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)				Expira	Exerc tion Da h/Day/Y		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3	Deri	rice of ivative curity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	n: ct (D) direct	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	or Nun of	ount nber res						

Explanation of Responses:

- 1. Represents shares of Common Stock withheld by the Issuer in satisfaction of its tax withholding obligation with respect to the vesting of 6,250 previously reported restricted stock units ("RSUs") granted to the Reporting Person.
- 2. Includes 7,364 RSUs previously reported as holdings of the Reporting Person granted under the Issuer's 2009 Equity Incentive Plan (the "Plan"). The RSUs will vest, and shares will be delivered to the Reporting Person in one installment on January 4, 2020, provided in each case that the Reporting Person's continuous service to the Issuer has not been terminated as defined in or as determined under the Plan.
- 3. Represents shares of Common Stock withheld by the Issuer in satisfaction of its tax withholding obligation with respect to the vesting of 7,364 previously reported RSUs granted to the Reporting Person.

Remarks:

/s/ Ryan Trytten, attorney-in-

fact

** Signature of Reporting Person

Date

01/04/2019

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$

- * 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.