FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## OMB APPROVAL OMB Number: 32350104 Estimated average burden hours per response: 0.5

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

and Address of Reporting Person\*

NNON KELYN

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

2. Date of Event Requiring Statement (Month/Day/Year)

(Month/Day/Year)

Astra Space, Inc. [ASTR]

1. Name and Address of Reporting Person  BRANNON KELYN		Requiring S (Month/Day	statement /Year)	Astra Space, Inc. [ ASTR ]					
(Last) (First) (Middle) C/O ASTRA SPACE, INC.				4. Relationship of Reporting Issuer (Check all applicable) Director X Officer (give title below)		F	5. If Amendment, Date of Original Filed (Month/Day/Year)		
1900 SKYH	_		below)		(specify 6	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting			
(Street) ALAMEDA	CA 94501	_		Chief Financia	l Officer		Person Form filed by More than One Reporting Person		
(City)	(State) (Zip)								
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)			E	2. Amount of Securities Beneficially Owned (Instr. 1)			. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
	(e.g								
1. Title of Deriv	(e.g		s, warrar		ble sec			6. Nature of Indirect Beneficial Ownership (Instr. 5)	

**Explanation of Responses:** 

## Remarks:

No securities are beneficially owned.

/s/ Kelyn Brannon

07/02/2021

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.