FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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on, D.C. 20549	OMB APPROV

/AL OMB Number: 3235-0287 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Estimated average burden hours per response: 0.5

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

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* <u>Attiq Martin</u>				2. Issuer Name and Ticker or Trading Symbol Astra Space, Inc. [ASTR]							lationship of ck all applica Director	ıble)	Perso	10% Ow	ner		
(Last)	(F TRA SPACE	irst) E, INC.	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/08/2023						X	below)	give title hief Business		Other (specify below) Officer		
1900 SKYHAWK STREET				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line)	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) ALAME	DA C	A	94501								,	X Form filed by One Reporting Person Form filed by More than One Reporting Person				ng	
(City)	(S	state)	(Zip)	R	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.												
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date			. Transactio ate Month/Day/	Execution Date,		Code (Instr. 8)		nstr. 3, 4 and 5	4 and 5) Securities Beneficial Owned Fo		Form: (D) or		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
						Code	V Amou	t (A) or Price		Transaction(s) (Instr. 3 and 4)							
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ercise (Month/Day/Year) of ative	3A. Deemed Execution Date, if any (Month/Day/Year)	Code (Ir	Transaction Code (Instr.		umber of ivative urities uired (A) bisposed D) (Instr. 3, ad 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount o 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)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)				
Employee stock option (right to buy)	\$9.04	06/08/2023		J			1,952,427	(1)	09/20/2031	Class A Common Stock	1,952,427	\$0	0		D		

Explanation of Responses:

1. On September 20, 2021, the reporting person received a grant of a stock option under the Astra Space, Inc. 2021 Omnibus Incentive Plan (the "Plan") vesting pursuant to certain milestones (the "PSOs") as part of Astra Space Inc.'s (the "Company") long term incentive plan for executive officers. On June 8, 2023, the stockholders of the Company approved the termination of the PSOs at the Company's 2023 Annual Meeting of Stockholders. Details regarding the termination of the PSOs are available in the Company's Definitive Proxy Statement for the 2023 Annual Meeting of Stockholders filed with the SEC on April 28, 2023.

/s/ Martin Attiq

06/12/2023

** Signature of Reporting Person

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.