FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average	burden								
- 1	hours nor rosnons	o: 0 E								

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(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Stanford Scott					2. Issuer Name and Ticker or Trading Symbol Astra Space, Inc. [ ASTR ]							(Ched	5. Relationship of Report (Check all applicable)  X Director			rson(s) to Is			
(Last)	(Fir	est) (N	/liddle)		3. Date of Earliest Transaction (Month/Day/Year) 09/13/2023										Office below	er (give title v)		Other ( below)	specify
C/O ASTRA SPACE, INC. 1900 SKYHAWK STREET					4. If A							Line)	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person				··		
(Street) ALAME	DA CA	Λ 9	4501											Form filed by More than One Reporting Person					
(City)	Rule 10b5-1(c) Transaction Indication  (City) (State) (Zip)  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.											nded to							
		Table	I - Nor	า-Deriva	tive S	Secu	rities	Acq	uired,	Disp	oosed of	or E	Benef	ficiall	y Own	ed			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D			Execution Date,		3. 4. Securities Acquire Disposed Of (D) (Instance) 5)			3, 4 and Secu Bene Own		ities For icially (D) d Following (I) (		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership						
									Code	v	Amount	(A) (D)	or P	rice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Class A Common Stock													46,060(1)			D			
Class A C	Common St	ock												I 1897 676(±) I I I				Held by Funds <sup>(2)</sup>	
	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)	ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any		4. Transa Code ( 8)	action of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)				9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
				Code		v	(A)	(D)	Date Exercisa	able	Expiration Date	or Num xpiration of		oer					

## **Explanation of Responses:**

- $1. \ The \ number \ of \ shares \ beneficially \ owned \ reflects \ the \ 1-for-15 \ reverse \ stock \ split \ effected \ September \ 13, \ 2023.$
- 2. These shares are held by Sherpa Ventures Fund II, LP ("ACME Fund II") and Eagle Creek Capital LLC ("Eagle Creek"). The reporting person exercises voting and dispositive control over the securities held by ACME Fund II and Eagle Creek, thus may be deemed to beneficially own such securities. The reporting person disclaims beneficial ownership of such securities except to the extent of his pecuniary interest therein.

/s/ Scott Stanford

10/03/2023

\*\* 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 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.