FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|------------------|------------|---------------|-----------|

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | |
| 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(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* Hunter Brent M. | | | | 2. Issuer Name and Ticker or Trading Symbol Codex DNA, Inc. [DNAY] | | | | | | (Ched | lationship of ck all applica Director Officer (| able) | , | s) to Issue 10% Owi Other (sp | ner | | | |
|--|--|--|---|--|--------|--------------|---------|--|--------|--|--|---|---|--|--------------------------------|--|--|--|
| (Last) (First) (Middle) C/O CODEX DNA, INC. | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/04/2022 | | | | | | X | below) | | | below) | , l | | | | |
| 9535 WAPLES STREET, SUITE 100 | | | - | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | |
| (Street) SAN DII | | | 92121 (Zip) | 4. | If Ame | endment, l | Date of | Original Fi | iled (| Month/Da | ıy/Year) | | Line) | Form file | ed by One F ed by More | Reportin | g Person | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| Date | | | Transaction te onth/Day/ | Execution Date, | | Code (Instr. | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | Code | v | Amount | mount (A) or (D) | | rice | Transaction(s) (Instr. 3 and 4) | | | | 11501. 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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code (Instr. | | Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | y Ov Fo Dii or (I) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | | Date Exercisable | | opiration | Title | Amo or Num of S | | | (Instr. 4) | 11(3) | | |
| Stock Option (right to buy) | \$2.08 | 08/04/2022 | | A | | 125,000 | | (1) | 30 | 3/04/2032 | Commor Stock | 125 | 5,000 | \$0.00 | 125,000 |) | D | |

Explanation of Responses:

1. Subject to the Reporting Person's continuing as a Service Provider (as defined in the Issuer's 2021 Stock Incentive Plan) through the applicable vesting date, one hundred percent (100%) of the shares subject to the option shall vest on August 4, 2024.

Remarks:

/s/ Rob Cutler, as Attorney-in-

Fact

08/08/2022

** Signature of Reporting Person Date

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.