FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

L	OMB APPROVAL										
0	MB Number:	3235-0287									
E:	Estimated average burden										

0.5

hours per response:

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Larsen Kendall			2. Issuer Name and Ticker or Trading Symbol VirnetX Holding Corp [VHC]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner								
(Last) C/O 308	(Last) (First) (Middle) C/O 308 DORLA COURT		3. Date of Earliest Transaction (Month/Day/Year) 05/18/2023										X Officer (give title Other (special below) below) President & CEO						ecify	
(Street) ZEPHYR COVE NV 89448			4. If Amendment, Date of Original Filed (Month/Day/Year)										Line)	Individual or Joint/Group Filing (Check Application) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(State) (Zip)		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.														ded to		
		Table	- Non-Derivat	ive S	ecui	rities	Acqı	uire	ed, I	Dis	posed (of, or	Benefi	cia	lly Owr	ned				
		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr 8)			4. Securities Ad Disposed Of (D		Acquire (D) (Inst	cquired (A) or D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned		6. Ownership Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership			
						Code	;	v	Amount		(A) or (D)	Price		Following Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		(Instr. 4)		
Common	Stock		05/18/2023				P			10	4,166	A	\$0.448	4 ⁽¹⁾	772	,159		I	By: Spou	ise
Common	Stock														6,430	5,379		D		
Common	Stock														613	,530		I	By: T Kathl Sheel Revo Trust 2/5/2	leen han ocable t dtd
Common Stock													300,000		I			The stment l LLC		
		Tab	le II - Derivativ (e.g., put												/ Owne	ed				
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Gecurity or Exercise (Month/Day/Year) if any				4. Transaction Code (Instr. 8) 5. Numb of Deriva Securi Acquii (A) or Dispo of (D) (Instr. and 5)		ative ities red sed 3, 4	iratio	Exercisable and on Date DaylYear)		Ame Sec Und Der Sec	itle and bunt of urities erlying ivative urity tr. 3 and 4	D S (I	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Owners Form: Direct (I or Indire (I) (Instr	hip of Bo O) Or ect (Ir	1. Nature f Indirect geneficial bwnership nstr. 4)	
				Code	v	(A)		Date D) Exercisal			Expiration Date	n Title	Amoun or Numbe of Shares	r						

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$0.4369 to \$0.45, inclusive. Upon request by the Commission staff, the Issuer, or a security holder of the Issuer, the Reporting Person will provide full information regarding the number of shares purchased at each separate price within the range set forth in this Form 4.

Remarks:

/s/ Kendall Larsen

05/22/2023

** 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.