FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

	OMB Number:	3235-0287
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the

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

affirmative defense 10b5-1(c). See Instr						
1. Name and Address <u>Villa Marco</u>	of Reporting Person *		2. Issuer Name and Ticker or Trading Symbol Terran Orbital Corp [LLAP]		tionship of Reporting Perso all applicable) Director	on(s) to Issuer
(Last) (First) (Middle) 6800 BROKEN SOUND PKWY NW, SUITE 200		` ,	3. Date of Earliest Transaction (Month/Day/Year) 09/28/2023	X	Officer (give title below) Chief Revenue Off	Other (specify below)
(Street) BOCA RATON (City)	FL (State)	33487 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indivi	idual or Joint/Group Filing (Form filed by One Repo Form filed by More than	orting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, Transaction Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership			
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock, par value \$0.0001 per share(1)	09/28/2023		M		153,897	A	\$0.00	6,205,975	D	
Common Stock, par value \$0.0001 per share(1)	09/28/2023		M		103,444	A	\$0.00	6,309,419	D	
Common Stock, par value \$0.0001 per share ⁽²⁾	09/28/2023		F		68,314	D	\$0.8519	6,241,105	D	

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)	4. Transact Code (In 8)		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Restricted Stock Units ⁽³⁾	\$0.00 ⁽³⁾	09/28/2023		M			153,897	(3)	(3)	Common Stock	153,897	\$0.00	812,384	D	
Restricted Stock Units ⁽⁴⁾	\$0.00 ⁽⁴⁾	09/28/2023		M			103,444	(4)	(4)	Common Stock	103,444	\$0.00	708,940	D	

Explanation of Responses:

- 1. Shares acquired represent settlement of vested restricted stock units on a one-for-one basis.
- 2. Shares withheld to pay taxes applicable to settlement of vested restricted stock units.
- 3. Each restricted stock unit represents a contingent right to receive one share of LLAP common stock subject to vesting in four equal annual installments on each anniversary of February 24, 2021, the vesting start date.
- 4. Each restricted stock unit represents a contingent right to receive one share of LLAP common stock subject to vesting in four equal annual installments on each anniversary of March 15, 2021, the vesting start date.

Remarks:

/s/ James S. Black, attorney-in-fact 10/02/2023

** 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.