FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinaton	D C	20540
Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
hours nor resnance.	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

1. Name and Address of Reporting Person* <u>KURAN SHIHAB A.</u>					2. Issuer Name and Ticker or Trading Symbol Vital Energy, Inc. [ VTLE ]								(Ch	Relationship of Reporting Person(s) to Issue (Check all applicable)     X Director 10% Owner						
(Last)	(Fi	rst) (	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 11/02/2023									Officer (give title below)			Other (specify below)			
521 E. 2ND STREET, SUITE 1000						4. If Amendment, Date of Original Filed (Month/Day/Year)							6. I	ndividual or Joint/Group Filing (Check Applicable						
(Street)																	,	•	orting Perso	
TULSA	O	K	74120												Form filed by More than One Reporting Person					
(City)	(Si	tate) (	(Zip)		Rι	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.																
		Tabl	e I - Non-	Deriva	ative	Sec	uritie	s Ac	quir	ed, D	isp	osed o	of, or	Ber	neficial	ly Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				Execution Date		n Date	Code (Instr.		on	4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			Benef Owne	es Formially (D) (Following (I) (I		r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
										Code V Amount		( <i>)</i>	(A) or (D) Price		Transa	eported ansaction(s) nstr. 3 and 4)			(Instr. 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)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any			Date, 7		ransaction of Eode (Instr. Derivative (			Expira	6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title and Amount of Securities Underlying Derivative S (Instr. 3 and					8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Exp	piration te	Title		Amount or Number of Shares					
Deferred Stock Units	(1)	11/02/2023			A		638		(2	2)		(2)	Comm Stock		638	\$0	2,638	3	D	

## Explanation of Responses:

- 1. These shares are granted under the Issuer's Omnibus Equity Incentive Plan and represent partial payment of the director's retainer and director fees.
- 2. These deferred stock units are granted under the Issuer's Omnibus Equity Incentive Plan and represent partial payment of the director's retainer and director fees. Each deferred stock unit represents the right to receive one share of common stock of the Issuer.

## Remarks:

/s/ Mark D. Denny as attorneyin-fact for Shihab A. Kuran

11/03/2023

\*\* 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.