FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

ashington,	D.C. 20549	

**OMB APPROVAL** 3235-0287 Estimated average burden

0.5

hours per response:

Check	this box if no longer subject
to Sect	ion 16. Form 4 or Form 5
obligat	ons may continue. See
Instruc	tion 1(h)

## 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*     Seligman Nicole				2. Issuer Name and Ticker or Trading Symbol Intuitive Machines, Inc. [ LUNR ]									ck all app	,	ng Pers	son(s) to Is			
(Last)	(Fir	st) (N	/liddle)		3. Date of Earliest Transaction (Mo						(Day/Year)				Office	er (give title v)		Other (s below)	specify
C/O INTUITIVE MACHINES, INC.					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable							
13467 COLUMBIA SHUTTLE STREET												/	Line)  Form filed by One Reporting Person						
(Street)														Form filed by More than One Reporting					
HOUST	ON TX	7	7059												Perso	on			
,		,			Rul	Rule 10b5-1(c) Transaction Indication													
(City)	(Sta	ate) (Z	(ip)																
						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.													
		Table	I - No	n-Deriva	tivo S	Sacin	ritios	Δςα	uirod	Die	posed of	or F	Ranaf	iciall	v Own	ed			
4 Title of 6	Saarreiter (Imat		1 - 140	2. Transac		_	eemed		3.	, טוס					<del>,</del>		6 0	marahin	7. Nature
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Exec		cution Date,		3. 4. Securities Acquired Disposed Of (D) (Instr. Code (Instr. 5)					5. Amount of Securities Beneficially Owned Following		Form: Direct (D) or Indirect (I) (Instr. 4)		of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	or P	rice		rted action(s) 3 and 4)			(Instr. 4)
Class A Common Stock 06/06/2					2024				A	A 44,544 <sup>(1</sup>		I	4 (	\$0.00		62,865		D	
		Tal	ole II -	Derivati	ve Se	curit	ies A	Acqu	ired, [	Disp	osed of, o	or Be	enefic	ially	Owne	d	1		
											onvertib								
1. Title of Derivative Security (Instr. 3)	ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any		ion Date,	4. Transaction Code (Instr. 8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	rities ired r osed ) : 3, 4	Expiration Day/\(\frac{1}{2}\)		te	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		De Se (Ir	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y G	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share	er					

## **Explanation of Responses:**

1. Represents an award of restricted stock units ("RSUs"), each of which represents a contingent right to receive one share of Class A Common Stock. The RSUs will vest in full on the earlier to occur of 1. Represents an award of restricted sock thins (1835), each of which represents a contangent right to receive one share of class A continion stock. The RSUs will vest in full of the carrier to determine the first anniversary of the grant date and the date of the next annual meeting following the grant date. The RSUs do not expire. The reporting person elected to defer receipt of these RSUs until her retirement from the Company's Board of Directors.

/s/ Anna Jones, Attorney-in-

06/10/2024

**Fact** 

\*\* Signature of Reporting Person

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.