FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL 3235-0287

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 Estimated average burden hours per response: 0.5 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* Masson Robert L. II						2. Issuer Name and Ticker or Trading Symbol Intuitive Machines, Inc. [LUNR]									elationship ck all app Direc	,	ng Pers	son(s) to Is	
(Last)	(Fir	st) (N		3. Date of Earliest Transaction (Month/Day/Year) 06/06/2024									Office	er (give title v)		Other (s below)	specify		
C/O INTUITIVE MACHINES, INC. 13467 COLUMBIA SHUTTLE STREET						4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person				
(Street) HOUSTON TX 77059															Form filed by More than One Reporting Person				
(City)	(City) (State) (Zip)				Rul	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.													nded to	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Exec if any	Deemed ution Date, / th/Day/Year)					es Acquired (A) of Of (D) (Instr. 3, 4				ties cially I Following	Form: Direct		7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) (D)	or	Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Class A Common Stock 06/06/2						2024			A		44,544(1)	1	A :	\$ 0.00	62	2,865		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)	titve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			ion Date,	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		te	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		S (I	Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		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	ber					

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 contingent right to receive one share of class A continuous 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 his retirement from the Company's Board of Directors.

/s/ Anna Jones, Attorney-in-

06/10/2024

Fact

** 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.