FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| /ashington, | D.C. | 20549 | |
|-------------|------|-------|--|
| vasimigton, | D.C. | 20040 | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 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* Walsh Kathleen E | | | Bea | 2. Issuer Name and Ticker or Trading Symbol Beam Therapeutics Inc. [BEAM] | | | | | | (Ch | | | | vner | | |
|---|---------|------------|----------------|--|--|--|-----------------------------|--|---|---|--|---|--|-------------------|--------------------|---------|
| (Last) | (F | irst) | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/06/2023 | | | | | | | below) | | Other (s below) | specify |
| C/O BEAM THERAPEUTICS INC. 238 MAIN STREET | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | Line | Individual or Joint/Group Filing (Check Applicable te) X Form filed by One Reporting Person | | | | | |
| (Street) | IDGE M | A | 02142 | | | | | | | | | | | iled by More t | han One Repo | |
| (City) | (S | tate) | (Zip) | | | Chec | k this box | to inc |) Transac dicate that a trace defense condi | nsaction was | made pursua | ant to a con | | on or written pla | an that is intende | ed to |
| | | Tab | le I - Noi | n-Deriv | ative: | Sec | curities | s Ac | quired, Di | isposed (| of, or Be | neficial | ly Owned | t | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | Execution Date | | Code (Instr. 5) | | red (A) or str. 3, 4 and | Benefici | es Fo ally (D Following (I) | orm: Direct) or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | Code | / Amount | (A) o | (A) or (D) Price | | tion(s) and 4) | | (Instr. 4) | | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | |
| L. Title of Derivative Security Instr. 3) 2. Conversion or Exercise Instr. 3) 3. Transaction Date Execution Date (Month/Day/Year) 3A. Deemed Execution Date, if any (Month/Day/Year) | | Date, | | ransaction of ode (Instr. 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) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Option (Right to Buy) | \$34.33 | 06/06/2033 | | | A | | 16,532 | | (1) | 06/06/2023 | Common Stock | 16,532 | \$0 | 16,532 | D | |

Explanation of Responses:

1. The option vests in full on the earlier of the first anniversary of the date of grant and the date of the next year's annual meeting of stockholders, subject to the reporting person's continued service to the board of directors of Beam Therapeutics Inc. through the vesting date.

> By: /s/ Christine Bellon, Attorney-in-fact

06/08/2023

Date

** 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.