FORM 4

obligations may continue. See

Instruction 1(b)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	.C. 20549
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Check this box if no longer subject to Section 16. Form 4 or Form 5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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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* Ciaramella Giuseppe						2. Issuer Name and Ticker or Trading Symbol Beam Therapeutics Inc. [BEAM]								Chec	k all appli Directo	nship of Reportin applicable) Director Officer (give title		son(s) to Iss 10% Ov Other (s	vner
	`	APEUTICS INC.	(Middle)												below)				
(Street) CAMBR (City)	IDGE M	A (02139 (Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check AppLine) X Form filed by One Reporting Persor Form filed by More than One Repor Person											n		
Table I - Non-Deriv. 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					ction	2A. Exe	Securities Acc 2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) Obsposed Of (D) (Instr. 3, 4		d (A) or	or 5. A and 5) Sec Ben		int of es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
				Code	v	Amount			(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common	Stock			12/22/	2021				M ⁽¹⁾		2,607	A	\$7.	22	65	5,380 D			
Common	Stock			12/22/	2021				S ⁽²⁾		1,216	D	\$85.3	39 ⁽³⁾	64	I,164 D			
Common	Stock			12/22/	2021				S ⁽²⁾		1,101	D	\$86.	62 ⁽⁴⁾	63,063 D				
Common	Stock			12/22/	2021				S ⁽²⁾		290	D	\$87	.34	62	,773 D			
		Т	able II								osed of converti				wned		,		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deer Execution if any (Month/I	on Date,	4. Transa Code (l 8)		n of		6. Date E Expiratio (Month/E	n Dat		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		y D Si (II	. Price of lerivative lecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	S F	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amour or Number of Shares	er					
Stock Option (Right to	\$7.22	12/22/2021			M ⁽¹⁾			2,607	(5)		05/17/2029	Common Stock	2,60	7	\$0.00	89,646	5	D	

Explanation of Responses:

- 1. The stock option exercise reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan.
- 2. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan. Each sale price reported is a weighted average price. The Reporting Person undertakes to provide Beam Therapeutics Inc. ("BEAM"), any security holder of BEAM or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range
- 3. The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$85.00 to \$85.88, inclusive.
- 4. The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$86.15 to \$86.99, inclusive.
- 5. The option vests as to 25% on the first anniversary of the of the vesting commencement date, October 1, 2019, and at a rate of 2.78% each month thereafter until the option is fully vested.

Remarks:

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

12/23/2021

** 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.