FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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* Simon Amy				2. Issuer Name and Ticker or Trading Symbol Beam Therapeutics Inc. [BEAM]							(Ch	eck all appli Directo	cable) or	g Person(s) to Iss		/ner		
(Last)	,	irst) APEUTICS INC.	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/31/2024								helow)	Officer (give title below) Chief Medical		Other (specify below) Officer	
238 MAIN STREET				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) CAMBRIDGE MA 02142												X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)	Rule 10b5-1(c) Transaction Indication														
Check this box to indicate that a transaction was made pursuant to a contract, instruction or w satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.								on or written p	lan that	is intended	to							
		Tab	le I - Non	ı-Deriv	vativ	e Se	curities	Ac	quired, D	ispose	d o	f, or Be	neficial	y Owned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution D		Date,	Transaction Disposed Code (Instr. 5)		ecurit	ities Acquired (A) or d Of (D) (Instr. 3, 4 a		Benefici Owned F	es ally Following	6. Own Form: I (D) or I (I) (Inst	Direct of ndirect Etr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	Amo	unt	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)		(nstr. 4)	
		-	Гable II - I (uired, Dis , options					Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transactio Code (Instr 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amoun 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)	y C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v			Date Exercisable	Expirat Date	ion	Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$24.4	01/31/2024			A		55,000		(1)	01/31/2	034	Common Stock	55,000	\$24.4	55,000		D	

Explanation of Responses:

1. This stock option vests in equal monthly installments each month following the date of grant for the subsequent 48 months, subject to the Reporting Person's continued service with Beam Therapeutics Inc. through each vesting date.

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

** Signature of Reporting Person

02/02/2024

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.