FORM 4

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

Washington,	D.C.	20549
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## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL							
OMB Number:	3235-0287							
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

Name and Address of Reporting Person*  Fishman Mark					2. Issuer Name <b>and</b> Ticker or Trading Symbol Beam Therapeutics Inc. [ BEAM ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last)	(F AM THER	APEUTICS INC.	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/10/2021								X	Director Officer (give title below)			10% Owner Other (specify below)	
26 LANDSDOWNE STREET  (Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person					
CAMBR	IDGE M	A (	02139												Form filed by More than One Reporting Person				
(City)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					action	2A. Deemed Execution Date,			3. Trans	3. Transaction Code (Instr. 5)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)			red (A) o	) or 5. Amor 4 and Securit Benefic		unt of 6. C es For ially (D) Following (I) (		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) o (D)	Pric	e	Transact (Instr. 3	tion(s)			
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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemee Execution I if any (Month/Day	Date, T	ransaction Code (Instr.		n of		6. Date Exercisa Expiration Date (Month/Day/Yea		Amount Securiti Underly Derivati		Title and mount of courtities nderlying privative Security str. 3 and 4)		Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	Owners Form: Direct ( or Indir (I) (Insti	Ownership	Beneficial Ownership ct (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amou or Numb of Share	er					
Stock Option (Right to Buy)	\$87.91	06/10/2021			A		6,877		(1)	C	06/10/2031	Common Stock	6,87	7	\$0.00	6,877		D	

## **Explanation of Responses:**

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

## Remarks:

By: Christine Bellon, Attorney- 06/14/2021 in-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.