FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-0287							
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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*  COOPER GRAHAM K				3.	2. Issuer Name and Ticker or Trading Symbol  Beam Therapeutics Inc. [ BEAM ]  3. Date of Earliest Transaction (Month/Day/Year)						(Ch	5. Relationship of Reporting (Check all applicable)  Director  Officer (give title			10% Owner Other (specify			
(Last)	(Last) (First) (Middle)				06/05/2024							below) below)						
C/O BEAM THERAPEUTICS INC. 238 MAIN STREET			4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
236 WIAI	IN STREET	<u> </u>										[	Form f	led by One	Report	ting Person	·	
(Street)												Form f Persor	led by More	than C	One Report	ting		
CAMBR	AMBRIDGE MA 02142		02142	R	Rule 10b5-1(c) Transaction Indication													
(City)	(S	tate)	(Zip)	'`														
, ,,	,	,		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.											to			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date				. Transaction ate Month/Day/Y	Execution Date,		Code (In	Transaction Disposed Of (D Code (Instr. 5)		ties Acquired (A) or I Of (D) (Instr. 3, 4 and		Beneficia	s ally ollowing	6. Own Form: I (D) or I (I) (Inst	Direct on direct E dr. 4) C	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount (A) or (D)		Price	Transact	Transaction(s) (Instr. 3 and 4)			msu. 4)	
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. Deemed Execution Date if any (Month/Day/Ye	Code	action (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)		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)	y C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable		piration ate	Title	Amount or Number of Shares						
Stock Option (Right to Buy)	\$24.49	06/05/2024		A		23,114		(1)	06/	5/05/2034	Common Stock	23,114	\$0	23,114		D		

## Explanation of Responses:

1. The option vests in full on the earlier of the first anniversary of the date of grant and immediately prior to 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

06/07/2024

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.