SEC Foi	m 4 FORM	4	UNITED	) STA	TES	S SE		ITIE	ES AND	) E	ХСНА	NGE	E CO	оммі	SSION				
-							V	Vashii		OMB APPROVAL									
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See							CHAN	NGE	Estim		er: /erage burde sponse:	3235-0287 n 0.5							
	tion 1(b).			File	ed purs or	suant t Sectio	o Sectior on 30(h) c	n 16(a of the	a) of the Sec Investment	curiti Cor	es Exchan npany Act	ge Act of 194	t of 19 0	34			perite		0.5
1. Name and Address of Reporting Person <sup>*</sup> Ciaramella Giuseppe					Be	2. Issuer Name and Ticker or Trading Symbol   5. Re     Beam Therapeutics Inc.   [ BEAM ]     3. Date of Earliest Transaction (Month/Dav/Year)   X										able) or (give title	ıg Pers	son(s) to Iss 10% Ov Other (s below)	wner
(Last) (First) (Middle) C/O BEAM THERAPEUTICS INC.,					01/31/2023										below)		President & CSO		
238 MAIN STREET					4.1	Line)										Joint/Group Filing (Check Applicable filed by One Reporting Person			
(Street) CAMBRIDGE MA 02142																	filed by More than One Reporting		
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication     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.													
		Tak		Daria															
Table I - Non-Deriva   1. Title of Security (Instr. 3)   2. Transa Date (Month/D					saction /Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Yea		3. Transactio Code (Ins		4. Securit	ties Acquired (A) I Of (D) (Instr. 3, 4		l (A) or	5. Amou Securitie Beneficia	nt of es ally following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(1130.4)
Common Stock 03/31/					1/202	23		Α		20,000	0,000 <sup>(1)</sup> A		\$0.0	0 115,962			D		
		•	Table II - I						uired, Di s, 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 I if any (Month/Day	Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exe Expiration (Month/Day	•	7. Title and of Securitie: Underlying Derivative S (Instr. 3 and		s Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	ə s Illy J	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title		Amount or Number of Shares					
Stock Option (Right to Buy)	\$43.45	01/31/2023			A		40,000		(2)	0	)1/31/2033	Comr Stor		40,000	\$0.00	40,00	0	D	

Explanation of Responses:

1. Represents restricted stock units ("RSUs") granted to the Reporting Person under the Beam Therapeutics Inc. ("BEAM") 2019 Equity Incentive Plan. Each RSU represents the contingent right to receive one share of BEAM's common stock. The RSUs vest in four substantially equal annual installments on each of the first four anniversaries of the date of grant, subject to the Reporting Person's continued service with the BEAM through each vesting date.

2. 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 through each vesting date.

Remarks:

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

03/31/2023

\*\* 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.