FORM 4

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

Washington, D.C. 20549

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OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

L. Name and Address of Reporting Person	on <sup>*</sup>	2. Issuer Name <b>and</b> Beam Therap				]		5. Relationship of F (Check all applicab	le)	.,
					Director Officer (gir	ve title X	10% Owner Other (specify			
(Last) (First) 245 SUMMER STREET	3. Date of Earliest T 08/04/2022	ransact	ion (M	lonth/Day/Yea	below)					
Street)		4. If Amendment, Da	ate of O	rigina	Filed (Month	/Day/Ye	ar)	6. Individual or Join Line)	nt/Group Filing (	Check Applicable
BOSTON MA	02210						by One Reporting Person			
(City) (State)					Form filed by More than One Reporting Person					
Tab	le I - Non-Derivat	ive Securities /	Acqui	red,	Disposed	of, or	Benefi	icially Owned		
L. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		
Common Stock	08/04/2022		J		800,000	D	\$0	2,135,511	I	F-Prime Capital Partners Healthcare Fund V LP <sup>(1)</sup>
Common Stock	08/04/2022		J		375,536	A	\$0	375,536	I	Impresa Fund III Limited Partnership <sup>(1)</sup>
Common Stock	08/04/2022		J		375,369	D	\$0	167	I	Impresa Fund III Limited Partnership <sup>(1)</sup>
Common Stock	08/04/2022		J		180,366	A	\$0	193,184	I	F-Prime Capital Partners Healthcare Advisors Fund V LP <sup>(1)</sup>
Common Stock	08/04/2022		J		167,564	D	\$0	25,620	I	F-Prime Capital Partners Healthcare Advisors Fund V LP <sup>(1)</sup>
Common Stock	08/04/2022		J		20,159	A	\$0	20,159	I	F-Prime Inc. <sup>(1)</sup>
Common Stock	08/04/2022		J		312,512	A	\$0	2,803,027	I	Shares held by persons and entities whose shares are subject to reporting by the undersigned. <sup>(1)</sup>
Common Stock	08/05/2022		S		167	D	\$61	0	I	Impresa Fund III Limited Partnership
Common Stock	08/05/2022		S		20,159	D	\$60.5	0	I	F-Prime Inc.
-	Cable II - Derivativ	o Securities A	cauire	74 D	ienoeod o	f or E	Ponofic	ially Owned		

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 <b>Tal</b> Date (Month/Day/Year)	Be-MeeDerivat Execution Date, if any (e.g., pt -(Month/Day/Year)	CSo,d€₹	Curit action Mass., V	rities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		i <b>fe?라'도가영안당당청인리아</b> f, Expuration Date <b>opeliones</b> y/ <b>c</b> 요nVertib				Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
											Amount				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (		5. Nu of Deriv Secu		6. Date Exerc Expiration Da Month/Day/Y Exercisable			ornd nit of ittes ittes lying	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially	10. Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownership
Explanatio	Derivative 1 Security 1 Security	es:				Acqu (A) o				Deriva	ative ity (Instr.		Owned Following	or Indirect (I) (Instr. 4)	(Instr. 4)
	1. These holdings were acquired or disposed of (as applicable) in the									3 and 4)			Reported (i) (iiisti. 4) 1		
Remarks	:				ļ	of (D) (Instr	. 3, 4						Transaction(s) (Instr. 4)		

Remark 1: Abigail P. Johnson is a Director, the Chairman and the Chief Executive Officer of FMR LLC. Members of the Johnson family, including Abigail P. Johnson, are the predominant owners, directly or through trusts, of Series B voting common shares of FMR LLC, representing 49% of the voting power of FMR LLC. The Johnson family group and all other Series B shareholders have entered into a shareholders' voting agreement under which all Series B voting common shares will be voted in accordance with the majority vote of Series B voting common shares. Accordingly, through their ownership of voting common shares and the execution of the shareholders' voting agreement, members of the Johnson family may be denominable of the Investment Company Act of 1940, to form a controlling group with respect to FMR LLC. The address of Abigail P. Johnson is c/o FMR LLC, 24 Date members of the Johnson A02110 fRemark 2: The filing of this statement shall not be deemed to be an admission that, for purposes of Section 16 of the Securities Exchange of the Officer of Porime Capital Partners Healthcare Fund V LP is F-Prime Capital Partners Healthcare Advisors Fund V LP (FPCPHA). FPCPHA is solely managed by Impresa Management LLC, its general partner and its investment manager. Impresa Management LLC is owned, directly or indirectly, by various shareholders and employees of FMR LLC, including certain members of the Johnson family. F-Prime Inc. is a wholly-owned subsidiary of FMR LLC.

Kevin M. Meagher, Duly authorized under Powers of Attorney, by and on behalf of FMR LLC and its direct and indirect subsidiaries, and

08/08/2022

Abigail P. Johnson

\*\* 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.