FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
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	Check this box if no longer subject
\neg	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

1 Name =	ad Address	Deporting Days *	,		2 551	ıer Na	ame ar	nd Tiel	ker or Tra	ndina	Symbol			5 Rel	ationshi	n of Reporti	ina Pa	erson(s) to I	ssuer
Name and Address of Reporting Person* Simon Amy					2. Issuer Name and Ticker or Trading Symbol Beam Therapeutics Inc. [BEAM]										k all app Direc	olicable) etor	10% O		wner
(Last)	(Fi	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 07/10/2023									X	belov	,	e Other (below) dical Officer		specify
C/O BEAM THERAPEUTICS INC.				A If Amanda and Data of Original Filed (Marsh/D. D.)								۸	C. Individual on InitiatiOnnum Filipp (Ohani A. II. II.						
238 MAIN STREET				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
														X Form filed by One Reporting Person					
(Street) CAMBRIDGE MA 02142														Form filed by More than One Reporting Person					
(City)	(City) (State) (Zip)							Rule 10b5-1(c) Transaction Indication											
						X 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.													
		Table	l - No	n-Deriva	tive S	ecur	ities	Acq	uired,	Dis	posed of	, or I	Benefi	ciall	y Owr	ned	,		
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day				/Year)	Execu	eemed ution Date, / th/Day/Year)		3. Transaction Code (Instr. 8) 4. Securiti Disposed (5)		ies Acquired (A Of (D) (Instr. 3,		, 4 and Secur Benef Owne Follow		cially 1	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) or (D) Pi		е		ted action(s) 3 and 4)				
Common Stock 07/10/2					2023				S	s 391 ⁽¹⁾		Ι	\$3	30.48		68,917		D	
	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)	tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		ition Date,	4. Transaction Code (Instr. 8)		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)		te	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Ownership	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amoun or Numbe of Shares	r					

Explanation of Responses:

1. These shares of common stock were automatically sold in a non-discretionary transaction by the Reporting Person in order to cover tax withholding obligations upon the vesting of certain restricted stock units granted to the Reporting Person under the Beam Therapeutics Inc. 2019 Equity Incentive Plan on June 30, 2022. The sales were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person prior to February 27, 2023.

By: /s/ Christine Bellon, Attorney-in-fact 08/09/2023

** 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.