FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL 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).

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 ar	Susuer Name and Ticker or Trading Symbol Beam Therapeutics Inc. [BEAM] Date of Earliest Transaction (Month/Day/Year)									(C	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title below) below)					er				
(Last) (First) (Middle) C/O BEAM THERAPEUTICS INC.,					06/27/2024									CEO						
238 MAIN STREET					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) CAMBRIDGE MA 02142															Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)				Rul	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.														d to	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of S	Security (Ins	2. Transaction Date (Month/Day/Year	2A. Deemed Execution D if any (Month/Day/		Date, Tran Code		action (Instr.						5. Amount of Securities Beneficially Owned Following		Form: (D) or Indired	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		ure of ct cial ship 4)		
						Code	v	Amount		(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)							
Common	Stock	06/27/2024				S ⁽¹⁾		60,	000	D	\$24.5026(2)		998,343]	D				
Common	Stock												103,000			I		ohn vans, 018 ocable		
	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)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any			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)			S U D S	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	deriva Secur Benef Owner Follow Repor Transa	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		hip of Bo D) O	1. Nature f Indirect eneficial wnership nstr. 4)	
			Code	v	(A)		Date Exercis		Expiration Date		itle	Amount or Number of Shares								

Explanation of Responses:

- 1. These shares of common stock were sold pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on June 29, 2023.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions ranging from \$24.17 to \$24.93, inclusive. The Reporting Person undertakes to provide to Beam Therapeutics Inc. ("BEAM"), any security holder of BEAM or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range.

By: /s/ Christine Bellon, 06/28/2024 Attorney-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.