Instruction 1(b).

FORM 4

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

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

## Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-02									
Estimated average burden									
hours per response	: 0.5								

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

	ee Instruction 1																
1. Name and Address of Reporting Person* <u>Cavanagh Bethany J</u>				2. Issuer Name <b>and</b> Ticker or Trading Symbol Beam Therapeutics Inc. [ BEAM ]							heck all app Direc	blicable) ctor		Owner			
	est) (First) (Middle) O BEAM THERAPEUTICS INC., 8 MAIN STREET				3. Date of Earliest Transaction (Month/Day/Year) 01/02/2025						6	belov SV	svP, Finance and Treasur		er		
(Street) CAMBR (City)	CAMBRIDGE MA 02142					If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line)      Form filed by One Reporting Person     Form filed by More than One Reporting Person				
		Table	I - No	on-Deriva	tive	Secur	rities Acc	quirec	l, Di	sposed of	, or Be	enefici	ally Own	ed			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day.				-	Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)				5) Securi Benefi Owner	cially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price		ted action(s) 3 and 4)		(Instr. 4)	
Common Stock 01/02/20					)25		<b>S</b> <sup>(1)</sup>		1,117	D	\$24.6	8 <sup>(2)</sup> 4	3,814	D			
		Tal	ble II							oosed of, convertib				d			
1. Title of Derivative Security (Instr. 3)	rative   Conversion   Date   Execution Date, rity   or Exercise   (Month/Day/Year)   if any		4. Transaction Code (Instr. 8) 5. Number of Derivative Securities Acquired		Expiration Date		Amount of D Securities S		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned	Ownershi Form:	Beneficial Ownership					

## **Explanation of Responses:**

Security

1. These shares of common stock were automatically sold in a non-discretionary transaction by the Reporting Peerson 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 December 31, 2023. The sales were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person prior to February 27, 2023.

Exercisable

(A) or Disposed of (D) (Instr. 3, 4

(D)

and 5)

(A)

2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions ranging from \$24.21 to \$25.02, inclusive. The Reporting Person undertakes to provide to 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, 01/06/2025 Attorney-in-fact

Following

Reported Transaction(s) (Instr. 4)

(I) (Instr. 4)

\*\* Signature of Reporting Person Date

Security (Instr. 3 and 4)

Title

Expiration

Date

Amount Number

Shares

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).

Code

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.