FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 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)

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 and Address of Reporting Person* MARAGANORE JOHN				<u>Be</u>	2. Issuer Name and Ticker or Trading Symbol Beam Therapeutics Inc. [BEAM]						(Ch	5. Relationship of Reporti (Check all applicable) Director			10% Owner			
(Last)	(F	First)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/05/2024								Officer (give title below)		Other (specify below)		
C/O BEAM THERAPEUTICS INC. 238 MAIN STREET				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person						
(Street)	IDGE M	ſΑ	02142											Form f Persor	led by More	e than C	One Report	ing
(City)	(5	,	(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.												
			le I - Non							-								
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					ear) i	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)			ities Acquired (A) or d Of (D) (Instr. 3, 4 and			s ally ollowing	6. Owner Form: D (D) or In (I) (Insti	Direct o ndirect B tr. 4) C	7. Nature of Indirect Beneficial Ownership	
								Code	/ Amo	nount (A) or (D)			Transact	Reported Transaction(s) (Instr. 3 and 4)			Instr. 4)	
	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 Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	oate,	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)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	ly C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable	Expirati Date		Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$24.49	06/05/2024			A		23,114		(1)	06/05/20)34	Common Stock	23,114	\$0	23,114		D	

Explanation of Responses:

1. The option vests in full on the earlier of the first anniversary of the date of grant and immediately prior to the date of the next year's annual meeting of stockholders, subject to the reporting person's continued service to the board of directors of Beam Therapeutics Inc. through the vesting date.

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

06/07/2024

** 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.