1. Name and Address of Reporting Person
MARAGANORE JOHN
(Last) (First) (Middle)
C/O BEAM THERAPEUTICS INC.
238 MAIN STREET
(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol
Beam Therapeutics Inc. [ BEAM ]

5. Relationship of Reporting Person(s) to Issuer
X Director
10% Owner
Officer (give title below)
Other (specify below)

3. Date of Earliest Transaction (Month/Day/Year)
06/06/2023

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
Form filed by More than One Reporting Person

Rule 10b5-1(c) Transaction Indication

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 3)</th>
<th>2. Transaction Date (Month/Day/Year)</th>
<th>2A. Deemed Execution Date, if any (Month/Day/Year)</th>
<th>3. Transaction Code (Instr. 8)</th>
<th>4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>7. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>06/06/2023</td>
<td></td>
<td>A</td>
<td>16,532 (1)</td>
<td>16,532</td>
<td>D</td>
<td></td>
</tr>
<tr>
<td>Stock Option (Right to Buy)</td>
<td>$34.33</td>
<td>06/06/2023</td>
<td></td>
<td>(1)</td>
<td>Common Stock</td>
<td>16,532</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

1. The option vests in full on the earlier of the first anniversary of the date of grant and 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 06/08/2023
** Signature of Reporting Person Date

Explanation of Responses:

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).


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.