FORM 4

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

	Vashington, D.C. 20549	
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STATEMENT	OF (	CHANGES	IN BE	NEFICIAL	OWNERS	HIP

OMB APPROVAL											
OMB Number: 3235-02											
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

Name and Address of Reporting Person*     Burow Kristina					2. Issuer Name and Ticker or Trading Symbol Beam Therapeutics Inc. [ BEAM ]									ationship k all appli Directo	cable)	ig Per	son(s) to Iss 10% Ov		
(Last)	`	rst) (	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/10/2021									Officer below)	(give title		Other (s below)	specify
26 LANI	OSDOWNE	STREET			4. If	Ame	endment,	Date	of Origina	l Filed	(Month/D	ay/Year)		6. Individual or Joint/Group Filing (Check Applicable					
(Street)	IDGE M	Α (	02139											ine) X		iled by Mo		orting Person One Repo	
(City)	(Si	tate) (	(Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				Execution Date,			Code	Transaction Disposed Of (D) (Instr. 3, 4			red (A) o str. 3, 4 a	4 and Securit		es For ially (D) Following (I) (		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount	(A) o (D)	r Pric	е	Transaci (Instr. 3	tion(s)			(1130.4)		
					,			, or Ben ble secu		•	wned								
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, T ecurity or Exercise (Month/Day/Year) if any		ransaction of E Code (Instr. Derivative (I			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		De Se (Ir	Price of erivative ecurity 1str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
				c	Code	v	(A)	(D)	Date Exercisal		xpiration ate	Title	Amour or Number of Shares	er					
Stock Option (Right to Buy)	\$87.91	06/10/2021			A		6,877		(1)	0	6/10/2031	Common Stock	6,877	7	\$0.00	6,877	,	D	

## **Explanation of Responses:**

1. The option vests in full on the first anniversary of the date of grant, subject to the reporting person's continued service to the board of directors of Beam Therapeutics Inc. through the vesting date.

## Remarks:

By: Christine Bellon, Attorney- 06/14/2021 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.