FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSH

OMB APPROVAL									
OMB Number: 3235-0287									
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hours per response.									

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* Sallin Aymeric				2. Issuer Name and Ticker or Trading Symbol Cartesian Therapeutics, Inc. [RNAC]								ck all applica	able)	g Pers	on(s) to Issu 10% Ow					
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/02/2024									Officer (below)	give title		Other (s below)	pecify	
C/O CARTESIAN THERAPEUTICS, INC.				4.	If Amendment, Date of Original Filed (Month/Day/Year)							6. Inc	6. Individual or Joint/Group Filing (Check Applicable							
704 QUINCE ORCHARD ROAD												1 '	Line) X Form filed by One Reporting Person							
(Street)	ERSBURG	MD	20878		_											_	•	•	One Report	
UAITHE	EKSBUKU .	MID	20878			Pule	10b5-	1(c)	Trar	ารลด	rtio	n Indi	icatio	n						
(City)	(S	tate)	(Zip)		_ ' `	uic	1000	.(0)	mai	1000	Juio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ioatio	• •						
				Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is int the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.								is intended to	satisfy							
		Та	ble I - Non	-Der	rivativ	ve Se	curitie	s Ac	quire	d, D	isp	osed o	f, or E	Bene	eficially	Owned				
Date				action 2A. Deemed Execution Date if any (Month/Day/Year)		, Transaction Dispos Code (Instr.			rities Acquired (A) or ed Of (D) (Instr. 3, 4 a			5. Amoun Securities Beneficia Owned Fo	s Forn Illy (D) o ollowing (I) (Ir		: Direct I r Indirect I str. 4)	'. Nature of ndirect Beneficial Ownership				
								Co	de V	<u> </u>	Amount	(A (D) or))	Price	Transacti (Instr. 3 a	ion(s)			Instr. 4)	
Common Stock				01/	/02/20	2/2024			A ⁽	(1)		178,0	00 A S		\$ <mark>0</mark>	178,000		D		
	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 Expiration Date (Month/Day/Year)			of Securities		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	Amount or Number of Shares										
Stock Option (Right to Buy)	\$0.6552	01/02/2024			A	228,000			(2)	2)	01/	//01/2034 Commo		on 2	28,000	\$0 228,000		00	D	

Explanation of Responses:

- 1. Each Restricted Stock Unit represents a contingent right to receive one share of common stock, which will vest in three equal annual installments so that the underlying shares will be fully vested on January 2,
- 2. This award will vest in 36 equal monthly installments, so that it shall be fully vested on January 2, 2027.

Remarks:

/s/ Matthew Bartholomae, Attorney-in-Fact for Aymeric Sallin

01/04/2024

** 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.