FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

STATEMENT	OF CHA	ANGES IN	BENEFICIA	L OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours nor roomanas:	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

	nd Address of	Reporting Person*				Issuer Name and Ticker or Trading Symbol Cartesian Therapeutics, Inc. [RNAC] Jude of Earliest Transaction (Month/Day/Year)								all application of the contract of the contrac		g Perso	on(s) to Issu 10% Ow Other (s	ner		
(Last)	`	irst)	(Middle)		01	01/02/2024								below)			below)			
		THERAPEUTIC	S, INC.		4.	If Ame	endment, [Date o	of Original	Filed	(Month/Da	y/Year)		6. Individual or Joint/Group Filing (Check Applicable						
704 QUI	NCE ORCI	HARD ROAD											Line) X Form filed by One Reporting Person							
(Street)	ERSBURG	MD	20878													•	•	One Report	- 1	
					_ R	Rule 10b5-1(c) Transaction Indication														
(City)	(S	tate)	(Zip)			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.							o satisfy							
		Та	ble I - Nor	ı-Der	rivativ	ve Se	ecuritie	s Ac	quired,	Dis	posed c	of, or Be	eneficia	ally (Owned					
1. Title of Security (Instr. 3) 2. Trans Date (Month//				action 2A. Deemed Execution Date, if any (Month/Day/Year		e, Transaction Disposed Code (Instr.		rities Acquired (A) o ed Of (D) (Instr. 3, 4				s For ally (D) ollowing (I) (: Direct I r Indirect I str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
							Code	v	Amount	(A) (D)	or Pric	е	Transacti (Instr. 3 a	on(s) nd 4)						
Common	Stock			01/	/02/20	2/2024		A ⁽¹⁾		178,000 A		\ \$	6 <mark>0</mark>	390,881			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) 1. Title of Derivative Security Security Security Security Security Security Security Security 3. Transaction Date (Month/Day/Yet)			3A. Deemed Execution Da if any (Month/Day/)	Code		5. Number of Derivative Securities Acquired (A or Dispose of (D) (Instr. 3, 4 and 5)		e s i (A) sed str.	Expiration Date (Month/Day/Yea		e of Securities		ties ng e Security		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 Exercisab		expiration Pate	Title	Amoun or Numbe of Shar	.		Transaction(s) (Instr. 4)				
Stock Option (Right to Buy)	\$0.6552	01/02/2024			A		248,000		(2)	0	1/01/2034	Common Stock	248,0	00	\$0	248,00	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, 2027.
- 2. This award will vest in 36 equal monthly installments, so that it shall be fully vested on January 2, 2027.

Remarks:

Matthew Bartholomae, Attorney-in-Fact for Carrie Smith Cox

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.