FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Vashington.	D.C. 20549	

OMB APPROVAL								
OMB Number:	3235-02							

See

D

Footnote<sup>(1)</sup>

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Estimated average burder

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).					ant to Soction 16(a)	of the G	Coourit	ios Evahango A	4	Estimated average burden hours per response:		den 0.5			
mstruction r(b).			rile		ant to Section 16(a) ection 30(h) of the li					4	<u></u>				
Name and Address of Reporting Person*     SPRINGER TIMOTHY A				2. Issuer Name and Ticker or Trading Symbol <u>Cartesian Therapeutics, Inc.</u> [ RNAC ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director X 10% Owner				
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 03/26/2024							Officer (give title Other (specify below) below)				
36 WOODMAN ROAD					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				
(Street)											Form filed by M	Nore than One Rep	oorting Person		
CHESTNUT HILL	MA	02467		Rule 10b5-1(c) Transaction Indication											
(City)	(State)	(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.								to satisfy the			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned															
Date			2. Transac Date (Month/Da		2A. Deemed Execution Date, if any (Month/Day/Year)  3. Transaction Code (Instr.			4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		1		

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	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 Date, if any (Month/Day/Year)	Transaction Code (Instr. 8)  Requirements of the control of the co		umber of vative urities uired (A) isposed of (Instr. 3, 4	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)	Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Warrant (Right to Buy)	\$1.46	03/26/2024		М			1,970,443	12/23/2019	12/23/2024	Common Stock	1,970,443	\$0	0	I	See Footnote <sup>(1)</sup>

## Explanation of Responses:

Common Stock

Common Stock

Common Stock

1. Held by TAS Partners LLC. The reporting person is the managing member of TAS Partners LLC. The reporting person disclaims beneficial ownership of the securities held by TAS Partners LLC except to the extent of his pecuniary interest therein, if any.

## Remarks:

/s/ Matthew Bartholomae, Attorney-in-Fact for Timothy A. 03/26/2024

\$1.46

33,043,849

7,471,625 86,418

<u>Springer</u>

1,970,443

\*\* 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).

03/26/2024

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.