SEC For	m 4 FORM	4) STA		S SF	CU	IRITI	FS		F	хсна	NG	F C	OMM	IISSION				
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549															OMB APPROVAL				
Check transac contrac the pur securit intende	n 16. Form 4 or ions may contin tion 1(b). this box to indi- ction was made t, instruction o chase or sale o ies of the issue do to satisfy the	nue. See cate that a pursuant to a r written plan for of equity r that is	STAT		ed purs	suant t	o Sec	ction 16	(a) of t	the Sec	uriti	IEFIC es Exchan npany Act	nge A	ct of 1		SHIP	Estim		er: verage burde sponse:	3235-0287 en 0.5
See Instruction 10. 1. Name and Address of Reporting Person [*] <u>English Emily</u>						2. Issuer Name and Ticker or Trading Symbol Cartesian Therapeutics, Inc. [RNAC]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) (First) (Middle) C/O CARTESIAN THERAPEUTICS, INC. 7495 NEW HORIZON WAY						3. Date of Earliest Transaction (Month/Day/Year) 12/26/2024										Officer (give title below) Other (specify below) SVP, Head of Manufacturing				
(Street) FREDERICK MD 21703 (City) (State) (Zip)					- 4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)										 Individual or Joint/Group Filing (Check Applicable ine) Form filed by One Reporting Person Form filed by More than One Reporting Person 				
				-Deriv	ative	e Sec	urit	ies A	cquir	red, D)isp	osed o	of, oi	r Ber	neficia	Ily Owned	d			
1. Title of Security (Instr. 3) 2. Trans Date					Day/Year) if		A. Deemed Execution Date, f any Month/Day/Year)		3. Transactio Code (Inst 8) Code V		4. Securities Acc Disposed Of (D) 5)		D) (Inst		nd Securiti Benefic Owned Reporte Transac	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		wnership n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock 12					6/2.02	/2024				M	• 	7,65		(D) A	\$3.	(instr. 3	5,923		D	
		1		Deriva	tive	Secu				d, Dis			, or l	Bene	ficiall	y Owned	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution I if any (Month/Day	Date,	4. Transa Code (8)		of Deri Sec Acq (A) o Disp of (I (Ins	of Ex		ate Exer iration D nth/Day/	ate		7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4)		Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
Steel					Code	v	(A)	(D)	Date Exer	e rcisable		piration ate	Title		or Number of Shares	1				
Stock Option (Right to Buy)	\$3.3	12/26/2024			М			7,650		(1)	04	/25/2031	Com Sto		7,650	(2)	49,36	9	D	

Explanation of Responses:

1. These options are currently exercisable for an additional 35,114 shares of Common Stock and become exercisable for a further 14,255 shares of Common Stock on March 22, 2025.

2. On November 13, 2023, the issuer acquired the private Delaware corporation which was then known as Cartesian Therapeutics, Inc. ("Old Cartesian") in accordance with the terms of an Agreement and Plan of Merger, dated November 13, 2023. Options to purchase Old Cartesian common stock held by the reporting person were converted into options to purchase shares of Common Stock in connection with the merger.

Remarks:

/s/ Matthew Bartholomae, Attorney-in-Fact for Emily English

12/30/2024

** 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.