SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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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 [*] SUMER JACQUELYN L	2. Date of E Requiring S (Month/Day 08/15/202	itatement /Year)	3. Issuer Name and Ticker or Trading Symbol <u>Cullinan Oncology, Inc.</u> [CGEM]					
(Last) (First) (Middle) C/O CULLINAN ONCOLOGY, INC. ONE MAIN STREET, SUITE 520 (Street) CAMBRIDGE MA 02142 (City) (State) (Zip)			4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Own X Officer (give Other (spe title below) below) Chief Legal Officer		wner 6	6. Individual or Joint/Group Filing		
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)			2. Amount of Securitie Beneficially Owned (In 4)	nstr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
1. Title of Derivative Security (Instr. 4) Expiration Date (Month/Day/Year)		ate	Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise	Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
	Date Exercisable	Expiration Date	Title	oi N of	umber	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	5)

Explanation of Responses:

Remarks:

No securities are beneficially owned.

/s/ Jacquelyn L Sumer

08/16/2022

Person

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 5 (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.

** Signature of Reporting

Date