FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

vvasnington,	D.C. 20549		

OMB APPROVAL									
OMB Number:	3235-0287								

	Check this box if no longer subject to
ī	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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APF	PROVAL
OMB Number:	3235-0287
Estimated average	burden
hours per response	e: 0.5

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.
r(o). Occ mondonom ro.

1. Name and Address of Reporting Person* SUMER JACQUELYN L					2. Issuer Name and Ticker or Trading Symbol Cullinan Therapeutics, Inc. [CGEM]							(Che	ck all app	ctor	ng Per	10% O	wner		
(Last) (First) (Middle) C/O CULLINAN THERAPEUTICS, INC. ONE MAIN STREET, SUITE 1350						3. Date of Earliest Transaction (Month/Day/Year) 12/18/2024									Office below	er (give title w) Chief Leg	gal O	Other (s below)	specify
(Street) CAMBR (City)	IDGE M		2142 Zip)		4. If <i>I</i>	Amend	ment,	Date o	of Origina	al File	d (Month/Da	ıy/Yeaı	·)	6. In Line	Form	r Joint/Group n filed by One n filed by Mor on	e Rep	orting Pers	on
			I - Non-D			_				Dis	1	-						1	
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				te	Execution if any		cution Date,		Transaction Disposed Code (Instr. 5)		es Acquired (A) Of (D) (Instr. 3, 4			Securi Benefi Owned	rities For ficially (D and Following (I)		orm: Direct D) or Indirect) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A) (D)	or I	Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(msu. 4)	
Common	Stock		12	2/18/2	8024 s 3,482 ⁽¹⁾ D S		\$11.41	90,651			D								
		Tal	ble II - Der (e.g								osed of, convertib				Owne	d			
1. Title of Derivative Conversion Date Security or Exercise (Month/Day/Year) if any		3A. Deemed Execution D if any (Month/Day/	Date,	Transaction Code (Instr. 8) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		S (I	. Price of erivative ecurity nstr. 5)	derivative C Securities F Beneficially D Owned o		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Naturr of Indirec Beneficia Ownershi (Instr. 4)				
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amo or Num of Shar	ber					

Explanation of Responses:

1. Sale of shares to cover personal income tax obligations upon vesting of restricted stock units.

/s/ Jacquelyn Sumer 12/20/2024

** 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.