FORM 4

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

| Washington, | D.C. 20549 |
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|                                     | S |
|-------------------------------------|---|
| Check this box if no longer subject | 3 |
| to Section 16. Form 4 or Form 5     |   |
| obligations may continue. See       |   |
| Instruction 1(b).                   |   |

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* <u>Trigilio Jeffrey</u> |   |                |                                     |                                  | 2. Issuer Name and Ticker or Trading Symbol Cullinan Oncology, Inc. [ CGEM ]  |      |        |                                  |   |         |            |  |                               |   | k all app<br>Direc  | tor  | Ü   | 10% O  | wner   |
|---|---|----------------|-------------------------------------|----------------------------------|---|------|--------|----------------------------------|---|---------|------------|--|-------------------------------|---|---|--|---|--|--|
| (Last)  | `   | irst) (I       | Middle)                             |                                  | 3. Date of Earliest Transaction (Month/Day/Year) 12/12/2023   |      |        |                                  |   |         |            |  |                               | X   | belov   | er (give title<br>v)<br>Chief Fina   |   | Other (s<br>below)<br>Officer  | specify  |
| l   |   | ET, SUITE 1350 |                                     |                                  | 4. If Amendment, Date of Original Filed (Month/Day/Year)  |      |        |                                  |   |         |            |  |                               | 6. Individual or Joint/Group Filing (Check Applicable Line) |   |  |   |  |  |
| (Street) CAMBRIDGE MA 02142                                   |   |                |                                     |                                  |   |      |        |                                  |   |         |            |  |                               |   | X Form filed by One Reporting Person  Form filed by More than One Reporting  Person |  |   |  |  |
| (City)  | (S  | tate) (2       | Zip)                                |                                  | Rule 10b5-1(c) Transaction Indication  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. |      |        |                                  |   |         |            |  |                               |   | nded to   |  |   |  |  |
|   |   | Table          | l - No                              | n-Deriva                         | tive S  | Secu | rities | Acq                              | uired,  | Dis     | posed of   | or B   | enefic                        | cially  | / Own   | ed   |   |  |  |
| Da  |   | Date           | Date Exec<br>(Month/Day/Year) if an |                                  | A. Deemed<br>Execution Date,<br>f any<br>Month/Day/Year)  |      |        |                                  | 4. Securities Acquired (A<br>Disposed Of (D) (Instr. 3,<br>5) |         |            | , 4 and Se<br>Be<br>Ov   |                               | Amount of ecurities eneficially wned Following              |   | : Direct<br>r Indirect<br>str. 4)  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |  |  |
|   |   |                |                                     |                                  |   |      | Code   | v                                | Amount  | (A) (D) | Pric       | e:e  | Report<br>Transa<br>(Instr. 3 | saction(s)<br>r. 3 and 4)                                   |   |  | (Instr. 4)  |  |  |
| Common  | Common Stock 12/12/   |                |                                     | 12/12/2                          | 2023  |      | S      |                                  | 1,926(1)  | D       | \$7        | \$7.81   |                               | 86,237  |   | D  |   |  |  |
|   |   | Та             | ble II -                            |                                  |   |      |        | •                                |   | •       | osed of, o |  |                               | •   | Owne  | d  |   |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security |                | if any                              | emed<br>ion Date,<br>//Day/Year) | 4.<br>Transaction<br>Code (Instr.<br>8)   |      | of     | ired<br>r<br>osed<br>)<br>: 3, 4 | 6. Date<br>Expirati<br>(Month/                                | on Da   |            | Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Ins<br>3 and 4) |                               | Dei<br>See<br>(Ins  | Price of<br>rivative<br>curity<br>str. 5)   | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | у   | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |

## **Explanation of Responses:**

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

/s/ Jacquelyn Sumer, 12/13/2023 Attorney-in-Fact

\*\* 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.