FORM 4

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

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

Washington, [	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

	tion 1(b).	nunde. See		Filed							es Exchang npany Act o		1934		hours	s per n	esponse:	0.5
Name and Address of Reporting Person* <u>Trigilio Jeffrey</u>			2. Issuer Name and Ticker or Trading Symbol Cullinan Oncology, Inc. [ CGEM ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner							
(Last)		First) ONCOLOGY, IN	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 12/18/2023								A belo	Officer (give title below)  Chief Fina		Other (spec below) ncial Officer		
ONE MAIN STREET, SUITE 1350				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check A Line)						
(Street) CAMBRIDGE MA 02142													X Form filed by One Reporting Pers Form filed by More than One Rep Person					
(City)	(	State)	(Zip)		Rule 10b5-1(c) Transaction Indication													
											action was m ons of Rule 10				truction or writ	ten pla	an that is inte	nded to
		Tabl	e I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or B	enefic	ially Ow	ned			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D			ay/Year) Executio		ution Date,		Transaction Disposed Code (Instr. 5)		ies Acquired (A Of (D) (Instr. 3,		and Secur Bene Owne	urities eficially ed Following		wnership m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A) (D)	Price	Trans	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common	mon Stock 12/18/2023							S		398(1)	D	\$8.	.22 85,839			D		
		T;									osed of, onvertib				ed			
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date, irity or Exercise (Month/Day/Year) if any		ion Date,	Date, Transaction Code (Instr.		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 (Ins 3 and 4)		8. Price of Derivative Security (Instr. 5)		ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares						

## **Explanation of Responses:**

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

/s/ Jacquelyn Sumer, 12/20/2023 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.