FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

or Section 30(h) of the Investment Company Act of 1940

ashington,	D.C.	20549	
willington,	D.O.	20040	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average	burden									
hours por rosponso	0.5									

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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1. Name and Address of Reporting Person*  Martin Anne-Marie				2. Issuer Name and Ticker or Trading Symbol Cullinan Oncology, Inc. [ CGEM ]							(Che		ionship of Reporting I all applicable) Director		son(s) to Iss 10% Ov				
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/08/2023								Officer	Officer (give title below)		Other (s below)	pecify	
C/O CUI	LLINAN O	NCOLOGY, IN	C.		4. If /	Ame	ndment, I	Date (	of Original Fi	led (	(Month/D	ay/Year)		6. Ir	dividual or .	Joint/Group	Filing	(Check Ap	plicable
ONE MAIN STREET, SUITE 1350												- 1	Line)						
				-										X Form filed by One Reporting Person Form filed by More than One Reporting					
(Street)												Form f Persor		e thar	n One Repo	rting			
CAMBR	IDGE M	IA	02142		<u> </u>	1	101.5	4 ( . )	<b>.</b>			l'							
					-   Ru	Rule 10b5-1(c) Transaction Indication													
(City)	(S	itate)	(Zip)		10	Chec	k this box	to ind	icate that a tra	nsac	ction was r	nade pur	suant	to a cont	ract, instructi	on or written	plan t	hat is intende	ed to
				-   ⊔ :	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.														
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Execution Date,		, Transaction Disposed C Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 a			Benefici Owned F	es For ally (D) Following (I) (		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount	Amount (A) or (D)		Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			Instr. 4)		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Conversion Da		Date Ex (Month/Day/Year) if	Execution if any	Execution Date, if any		I. Fransaction Code (Instr. 3)		ve es ed ed	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Ex Da	piration te	Title	O N O	umber					
Stock Option (Right to	\$13	06/08/2023			A		18,450		(1)	06	/07/2033	Commo		8,450	\$0.00	18,450		D	

## **Explanation of Responses:**

1. The option represents a right to purchase a total of 18,450 shares of the Issuer's Common Stock, which shall vest in full on the earlier of (i) June 8, 2024 or (ii) the date of the Issuer's next annual meeting, subject to the Reporting Person's continued service as a director on such vesting date.

> /s/ Jacquelyn Sumer, Attorneyin-Fact

\*\* Signature of Reporting Person

06/12/2023

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.