FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*  AHMED NADIM						2. Issuer Name <b>and</b> Ticker or Trading Symbol Cullinan Oncology, Inc. [ CGEM ]										p of Reporting Person(s) olicable) etor 10%		erson(s) to I	
(Last)	Last) (First) (Middle) C/O CULLINAN ONCOLOGY, INC.						3. Date of Earliest Transaction (Month/Day/Year) 05/23/2023								X Officer (give title below)  Presider			Other (speci below) t and CEO	
ONE MAIN STREET, 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	X Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
(City) (State) (Zip) Rule 10b5-1(c) Transac									sac	tion Ind	icati	on							
						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 - No	n-Deriva	tive Se	ecur	ities	Acq	uired,	Dis	posed of	, or E	3enet	iciall	y Owr	ned			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day)					Execution Da			Oate,	3. Transaction Code (Instr. 8)		4. Securities Acquired ( Disposed Of (D) (Instr. 3 5)				cially I	Form (D) o	n: Direct or ect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A) (D)	or Pi	rice	Reported Transaction(s) (Instr. 3 and 4)		<u> </u>			
Common Stock 05/23/2						2023		S		707(1)	I	) \$	9.15	116,581			D		
		Tab		Derivativ										-	Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversior or Exercise Price of Derivative Security		3A. De Execu if any (Monti	4. Transaction Code (Instr. 8)		5. Numl of Deriv Secu Acqu (A) o Dispo of (D) (Instr	rative rities ired r osed )	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		Der Sed (Ins	Price of rivative curity str. 5)	tive derivative ty Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)			Expiration Date	Title	Amou or Numb of Share	er					

## **Explanation of Responses:**

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

/s/ Jacquelyn Sumer, Attorney-in-Fact

05/24/2023

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.