FORM 4

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

Washington, D.C. 20549

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

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

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 10b5STATEMENT 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 Nome an	ad Addross	of Donorting Dorses	*		2 199	suer Na	me ar	nd Tic	ker or T	rading	Symbol		5	Relation	shin	of Reportin	a Per	son(s) to Is	suer
Name and Address of Reporting Person*     Michaelson Jennifer						2. Issuer Name and Ticker or Trading Symbol Cullinan Therapeutics, Inc. [ CGEM ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
																			wner specify
(Loot)	(Lost) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)									below)			below)	specify
(Last) (First) (Middle) C/O CULLINAN THERAPEUTICS, INC.						11/05/2024								Chief Scientific Officer					
,																			
ONE MAIN STREET, SUITE 1350					4. If Amendment, Date of Original Filed (Month/Day/Year)								6	6. Individual or Joint/Group Filing (Check Applicable					
(Street)					,	7. II Americanent, Date of Original Filed (Month/Day/Teal)								Line)					
CAMBRIDGE MA 02142														Form filed by One Reporting Person Form filed by More than One Reporting Person					
																		orting	
(City)	(\$	state) (	Zip)																
		Table	1 - No	on-Deriva	tive S	Secui	rities	Acc	quirec	d, Dis	posed of	f, or E	enefic	ially O	wne	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/					·	Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquire Disposed Of (D) (Inst					nd 5) Se Be Ov	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) or (D)	Price	Tra	nsac	ction(s) and 4)			(111501. 4)
Common Stock 11/05/20						24			<b>S</b> <sup>(1)</sup>		8,000	D	\$15.6	54(2)	107,942			D	
		Та	ble II	- Derivati (e.g., pu							osed of,				ned	ı		7	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		Execu	3A. Deemed Execution Date, if any (Month/Day/Year)		action (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed		Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownersh (Instr. 4)
						<u> </u>	of (D) (Instr. 3, 4 and 5)					Amou				Transactior (Instr. 4)	n(s)	3)	
					Code	v	(A) (E	(D)	Date Exerc	isable	Expiration Date	Title	or Number of Shares						

## **Explanation of Responses:**

- 1. Transaction effected pursuant to a plan established pursuant to Rule 10b5-1 on January 5, 2024.
- 2. The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$15.25 to \$15.98. The Reporting Person undertakes to provide to the Issuer, any shareholder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

/s/ Jacquelyn Sumer, 11/06/2024 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.