FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 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)

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* Ryan David P. | | | | <u>C</u> 1 | Issuer Name and Ticker or Trading Symbol Cullinan Therapeutics, Inc. [CGEM] Date of Earliest Transaction (Month/Day/Year) | | | | | | (Che | | | | uer vner specify | |
|--|---|--|---|------------|--|------------|------------|---|--|--|---|--|---|---|---|--|
| (Last) | (F | irst) | (Middle) | | 06 | 06/26/2024 | | | | | | below) | | below) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| C/O CULLINAN THERAPEUTICS, INC. ONE MAIN STREET, SUITE 1350 | | | | 4. I | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person | | | | | |
| (Street) | IDGE M | ÍΑ | 02142 | | D | ر ماری | 10h5- | 1(c) | Transac | tion Ind | ication | | Form f Persor | | han One Repo | rting |
| (City) | (S | tate) | (Zip) | | | Chec | k this box | to indi | | saction was m | nade pursua | | | n or written pla | n that is intended | I to |
| | | Tab | le I - Non | -Deri | vativ | e Sec | curities | s Ac | quired, Di | sposed o | f, or Be | neficiall | y Owned | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Dat | | Date, | e, Transaction Disposed Code (Instr. 5) | | rities Acquired (A) or ad Of (D) (Instr. 3, 4 and (A) or (D) (D) Price | | | s Fally (I | orm: Direct 0) or Indirect) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | Code V | Amount | Reported Transact (Instr. 3 a | | | ion(s) | | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 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 Transaction(s (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Option (Right to Buy) | \$16.5 | 06/26/2024 | | | A | | 15,806 | | (1) | 06/26/2034 | Common Stock | 15,806 | \$0.00 | 15,806 | D | |

Explanation of Responses:

1. The option represents a right to purchase a total of 15,806 shares of the Issuer's Common Stock, which shall vest in full on the earlier of (i) June 26, 2025 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, Attorney-

in-Fact

** Signature of Reporting Person

Date

06/2<u>7/2024</u>

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.