SEC Form 4 FORM 4	UNITE	D STA	res s	SECURITIE	S AN	ID E	XCHAN	GE C	оммі	SSION				
-		Washing	gton, D.(OMB APPROVAL									
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	STA	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940									OMB Number: 3235-0287 Estimated average burden hours per response: 0.5			
1. Name and Address of Reporting Person [*] Baeuerle Patrick				ier Name and Ticki inan Oncolog				(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify					
(Last) (First) C/O CULLINAN ONCOLOGY, II ONE MAIN STREET, SUITE 520				e of Earliest Transa)/2021	action (N	/onth/	Day/Year)		See Remarks					
(Street) CAMBRIDGE MA 02142			4. If Ai	mendment, Date of	Origina	l Filec	I (Month/Day/	Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State)	(Zip)	n Doriu			uirod	Die	nood of			v Owned				
Table I - Non-Der 1. Title of Security (Instr. 3) 2. Tran Date (Month)				2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Disposed Of 5)	Acquired	(A) or	5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
					Code	v	Amount	(A) or (D)	Price	 Reported Transaction(s) (Instr. 3 and 4) 		(Instr. 4)		
Common Stock	08/10/2021			М		11,000	A	\$4.3	11,000	D				
Common Stock	08/10/2021			S ⁽¹⁾		11,000	D	\$27	0	D				
Common Stock										341,434	I	See Footnote ⁽²		
1. Title of 2. 3. Transaction	Table II -	(e.g., pı	uts, ca	curities Acqu alls, warrants,	optio	ns, o	convertible	e secu	rities)	Owned 8. Price of 9. Nur	nber of 10.	11. Natu		

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)		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 (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. 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)	\$4.3	08/10/2021		М			11,000	(3)	10/28/2030	Common Stock	11,000	\$0.00	251,114	D		

Explanation of Responses:

1. Transaction effected pursuant to a plan established pursuant to Rule 10b5-1 on April 30, 2021.

2. Shares held directly by APAK Solutions GmbH. The Reporting Person is managing director of APAK Solutions GmbH. The Reporting Person disclaims beneficial ownership of the securities reported herein except to the extent of his pecuniary interest therein.

3. 25% of the shares vested on September 1, 2019, and the remaining shares shall vest in 36 equal monthly installments thereafter, subject to the Reporting Person's continuous service to the Issuer on each such date.

Remarks:

Acting Chief Scientific Officer, Biologics

<u>/s/ Jeffrey Trigilio, Attorney-in-</u> <u>Fact</u> 08/26/2021

** 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.