FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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* Jewell Christopher M 2. Date of Eve Requiring Stat (Month/Day/Ye 11/13/2023			3. Issuer Name and Ticker or Trading Symbol <u>Cartesian Therapeutics</u> , <u>Inc.</u> [RNAC]				
(Last) (First) (Middle) C/O CARTESIAN THERAPEUTICS, INC. 65 GROVE STREET		4. Relationship of Reportin Issuer (Check all applicable) Director X Officer (give title below)	10% C	wner (specify	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting		
(Street) WATERTOWN MA 02472 (City) (State) (Zip)		Chief Scientifi	c Officer		^ Person	by More than One	
Table I - Non-Derivative Securities Beneficially Owned							
1. Title of Security (Instr. 4)		2. Amount of Securities Beneficially Owned (Instr. 4)	3. Owner Form: D (D) or Ir (I) (Insti	Direct Over direct	4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)							
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		arrants, options, convert	ible sec			6. Nature of Indirect Beneficial Ownership (Instr. 5)	

Explanation of Responses:

No securities are beneficially owned.

/s/ Christopher M Jewell 11/15/2023

** 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 5 (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.