SEC Foi		л							א חא	ТУСЦ			ואאאר	SSION					
FORM 4 UNITED STAT						TES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549										OMB APPROVAL			
Section 16. Form 4 or Form 5 obligations may continue. See					NT OF CHANGES IN BENEFICIAL OWNERSHIP d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940									HIP	OMB Number: 3235-0287 Estimated average burden hours per response: 0.5				
1. Name and Address of Reporting Person* <u>DeSilva Nishan M</u>					2. Issuer Name and Ticker or Trading Symbol <u>Cartesian Therapeutics, Inc.</u> [RNAC] 3. Date of Earliest Transaction (Month/Day/Year)								(Ch	Relationship of Reporting Person(s) to Issuer check all applicable) X Director 10% Owner Officer (give title Other (specify				wner	
(Last) (First) (Middle)					11/13/2023									below) below)				specily	
C/O CARTESIAN THERAPEUTICS, INC. 65 GROVE STREET					4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	Individual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person					
(Street) WATERTOWN MA 02472					Per									Form f Persor	n filed by More than One Reporting on				
(City) (State) (Zip)					Rule 10b5-1(c) Transaction Indication 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.														
		Tab	ole I - Nor	n-Deriva	ative S	ecuri	ities Ac	quire	d, Dis	sposed	of, d	or Ben	eficiall	y Owned					
Date				Date Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)					5. Amour Securitie Beneficia Owned F	s ally ollowing	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
								de V	Amour	t	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)	}		(Instr. 4)		
		-	Table II -				es Acq arrants							Owned					
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date curity or Exercise (Month/Day/Year)		Execution Date, if any		ransaction ode (Instr.) (of E		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amoun of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5) 9. Numt derivativ Securiti Generic Owned Followir Reporte Transac (Instr. 4)		e Ownersh Form: Ally Direct (D or Indirec g (I) (Instr.		Beneficial Ownership t (Instr. 4)	
				1			1		I				Amount					1	

Explanation of Responses:

\$4.57

\$3.31

\$1.13

11/13/2023

11/13/2023

11/13/2023

1. This option, which provided for vesting in thirty-six (36) substantially equal monthly installments over three years following the date of grant on June 23, 2021, was canceled in the merger (the "Merger") between Selecta Biosciences, Inc. and Cartesian Therapeutics, Inc.

Date

Exercisable

(1)

(2)

(3)

Expiration

06/22/2031

01/02/2032

01/01/2033

Title

Common

Stock

Commor Stock

Common Stock

Date

2. This option, which provided for vesting in full on January 3, 2023, was canceled in the Merger.

3. This option, which provided for vesting in full on January 2, 2024, was canceled in the Merger in exchange for a cash payment of \$69,750, representing the difference between the exercise price of the option and \$2.06, the Cash-out Amount as applied in the Merger.

Remarks:

Stock Option

(Right to Buy)

Stock Option (Right to Buy)

Stock Option (Right to Buy)

<u>Matthew Bartholomae,</u>

or Number of

Shares

80,000

40,000

75,000

(1)

(2)

\$<mark>0.93</mark>

0

0

0

D

D

D

Attorney-in-Fact for Nishan de 11/15/2023

Silva

** 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).

Code V

D

D

D

(A) (D)

80,000

40,000

75,000

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.