SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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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 [*] <u>Miljkovic Milos</u>	2. Date of Even Requiring State (Month/Day/Ye 11/13/2023	tement	3. Issuer Name and Ticker or Trading Symbol <u>Cartesian Therapeutics, Inc.</u> [RNAC]						
(Last) (First) (Middle) C/O CARTESIAN THERAPEUTICS,		I	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)			
INC. 65 GROVE STREET			X Officer (give title below) Chief Medical	Other below)	(specify	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person			
(Street) WATERTOWN MA 02472						Form filed by More than One Reporting Person			
(City) (State) (Zip)									
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)			. Amount of Securities Beneficially Owned (Instr. .)	3. Owne Form: D (D) or II (I) (Inst	Direct ndirect		ature of Indire ership (Instr.		
		rivative S	Beneficially Owned (Instr.	Form: E (D) or II (I) (Instr Ily Own	Direct ndirect r. 5)	Own			
		rivative s , warrant able and	Beneficially Owned (Instr.) Securities Beneficia	Form: D (D) or In (I) (Instr Illy Own ble sec	Direct ndirect r. 5)	Own			

Explanation of Responses:

No securities are beneficially owned.

/s/ Milos Miljkovic

11/15/2023

** Signature of Reporting Person

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.

Date