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 [*] Hoge Elizabeth		2. Date of Event Requiring Statement (Month/Day/Year) 11/13/2023		3. Issuer Name and Ticker or Trading Symbol <u>Cartesian Therapeutics, Inc.</u> [RNAC]							
(Last) (First) (Middle) C/O CARTESIAN THERAPEUTIC INC. 704 QUINCE ORCHARD RD (Street)				4. Relationship of Reporting Per Issuer (Check all applicable) Director X Officer (give title below)				Filed	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person		
GAITHERSBURG MD 20878 (City) (State) (Zip)									Reporting P	erson	
	Table I - N	lon-De	rivat	tive Securities Ber	nefic	ially Ow	ned				
1. Title of Security (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. 4) (D) or Inc (I) (Instr.		ship rect lirect	ship 4. Nature of Indirect Beneficial ect Ownership (Instr. 5) irect				
Common Stock				3,303,699		I		as tru	stee ⁽¹⁾		
Common Stock	Common Stock			257,739		I	I by sj		spouse		
(e Securities Bener ants, options, conv)			
1. Title of Derivative Security (Instr. 4)	Expiration D	iration Date		3. Title and Amount of Securities Jnderlying Derivative Security (Instr. 4)			4. Conversion or Exercise Price of Derivative Security		5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date		Title	Amount or Number of Shares						
Series A Non-Voting Convertible Preferred Stock	(2)	(2)		Common Stock	189,	,756,394	(2	2)	Ι	as trustee ⁽¹⁾	
Series A Non-Voting Convertible Preferred Stock	(2)	(2)		Common Stock	14,3	755,609	(2	2)	Ι	by spouse	
1. Name and Address of Reporting Person Hoge Elizabeth	1*										
(Last) (First) C/O CARTESIAN THERAPEUTIO 704 QUINCE ORCHARD RD	(Middle) CS, INC.										
(Street) GAITHERSBURG MD	20878										
(City) (State)	(Zip)										
1. Name and Address of Reporting Person Seven One Eight Three Four <u>Trust</u>		<u>le</u>									
(Last) (First) C/O CARTESIAN THERAPEUTIO 704 QUINCE ORCHARD RD	(Middle) CS, INC.										

(Street) GAITHERS	BURG MD	20878			
(City)	(State)	(Zip)			

Explanation of Responses:

1. Shares are owned directly by Seven One Eight Three Four Irrevocable Trust (the "Trust"). The reporting person is a trustee and beneficiary of the Trust.

2. Following the approval by the stockholder of the issuer of the conversion of the Series A Non-Voting Convertible Preferred Stock of the issuer ("Series A Preferred Stock") into shares of common stock of the issuer ("Common Stock"), each share of Series A Preferred Stock will be convertible into 1,000 shares of Common Stock, subject to certain limitations, including that a holder of Series A Preferred Stock is prohibited from converting shares of Series Preferred Stock into shares of Common Stock if, as a result of such conversion, such holder, together with its affiliates, would beneficially own more than 19.9% of the total number of shares of Common Stock issued and outstanding immediately after giving effect to such conversion.

<u>/s/ Elizabeth Hoge</u>	<u>11</u>
<u>/s/ Elizabeth Hoge</u>	<u>11</u>
** Signature of Reporting	Da

Person

Date

<u>/17/2023</u> _/17/2023

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.