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 <sup>*</sup> <u>Kurtoglu Metin</u>	Requiring State	2. Date of Event Requiring Statement (Month/Day/Year) 11/13/2023 3. Issuer Name <b>and</b> Ticker or Trading Symbol Cartesian Therapeutics, Inc. [ RNAC ]							
(Last) (First) (Middle) C/O CARTESIAN THERAPEUTICS,		ls	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			Director X Officer (give title below) Chief Operation	Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person			
(Street) WATERTOWN MA 02472			Since Operation		-			by More than One Person	
(City) (State) (Zip)									
Table I - Non-Derivative Securities Beneficially Owned									
18		renvative	e Securities Bellenc		Micu				
1. Title of Security (Instr. 4)		2. /	Amount of Securities eneficially Owned (Instr.	3. Owne Form: E (D) or II (I) (Instr	ership Direct ndirect		ature of Indire ership (Instr. )		
1. Title of Security (Instr. 4)	Table II - Deri	2. / Be 4)	Amount of Securities eneficially Owned (Instr.	3. Owne Form: D (D) or In (I) (Instr Ily Own	ership Direct ndirect r. 5) <b>1ed</b>	Owne			
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**Explanation of Responses:** 

No securities are beneficially owned.

## /s/ Metin Kurtoglu

11/15/2023 Date

\*\* 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.