SEC Form	n 4																		
F	ORM	4	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549													OMB APPROVAL			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).					ENT OF CHANGES IN BENEFICIAL OWNE iled pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940									HIP	Es	Estimated average burden		3235-0287 n 0.5	
1. Name and Address of Reporting Person <sup>*</sup> Sacks Natalie					2. Issuer Name <b>and</b> Ticker or Trading Symbol Caribou Biosciences, Inc. [ CRBU ]									5. Relationship of Rep (Check all applicable) X Director			eporting Person(s) to Issuer e) 10% Owner		
(Last)	(Fi	3. Date of Earliest Transaction (Month/Day/Year) 02/20/2024									Office below	er (give ti v)	tle	Other (: below)	specify				
C/O CARIBOU BIOSCIENCES, INC. 2929 7TH STREET, SUITE 105					4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	dividual or Joint/Group Filing (Check Applicable ) K Form filed by One Reporting Person					
(Street) BERKELEY CA 94710														Form filed by More than One Reporting Person					
(City)       (State)       (Zip)         Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intersection of Rule 10b5-1(c). See Instruction 10.										hat is intende	i to								
		Tak	ole I - Nor	ו-Deriva	ative Se	curities Ac	quire	d, D	isp	osed o	f, c	or Bene	eficially	y Owne	d				
1. Title of Security (Instr. 3) Date (Month/D					3.     4. Securities Acquired       Transaction     Disposed Of (D) (Instr       Code (Instr.     5)				r. 3, 4 and Securities Beneficial Owned Fo		ies cially Followin	Forn (D) c	m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership					
						Cod	e V	/	Amount	(A) or (D) P		Price	Transa	<ul> <li>Reported Transaction(s) (Instr. 3 and 4)</li> </ul>			(Instr. 4)		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned         (e.g., puts, calls, warrants, options, convertible securities)																		
				ransaction ode (Instr.	Expirat	5. Date Exercisable and Expiration Date Month/Day/Year) Derivative Sector					5	Derivative der Security Se		nber of tive ities	10. Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownershi			

Deriva Secur (Instr.	tive Conversion ty or Exercise	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration D (Month/Day/)	ate	of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Option purcha Comm Stock	se \$6.81	02/20/2024		А		39,500		(1)	02/19/2034	Common Stock	39,500	\$0	39,500	D	

## Explanation of Responses:

1. One-twelfth of the shares subject to this option will vest on each monthly anniversary of the grant date such that the option will be fully vested on February 20, 2025, subject to the reporting person continuing to provide service to the Issuer through each such vesting date.

Remarks:

## /s/ Barbara G. McClung, as

<u>02/22/2024</u> Date

attorney-in-fact
\*\* 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 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).

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.