FORM 4

UNITED STA

Washingto

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

n, D.C. 20549	OMB A

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average b	urden								
hours per response:	0.5								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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*				2. Issuer Name and Ticker or Trading Symbol Caribou Biosciences, Inc. [CRBU]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Alberts	<u>on Tina N</u>	<u>√I.</u>		-	arro	ou Dio:	CIC	<u>11003, 1111</u>	<u></u> L	CKBU J		Ι`	Dire	tor		10% Ow	ner	
														er (give title		Other (sp	pecify	
(Last)	(F	irst)	(Middle)	3.	3. Date of Earliest Transaction (Month/Day/Year)									v)		below)		
					08/19/2024								Chief Medical Officer					
C/O CARIBOU BIOSCIENCES, INC.																		
2929 7TH STREET, SUITE 105			_ <u> </u> _															
					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)												Lir	- /		_	5		
BERKEI	LEY C	A	94710											,		orting Person		
													Forr Pers		ore than	One Report	ing	
(City)	(0	tota)	(7in)										reis	UII				
(City)	(5	tate)	(Zip)															
		Та	ble I - Non-D	Derivati	ve Se	curitie	s Ac	quired,	Disp	osed c	f, or Be	neficia	ly Owne	d				
Date			ate	e		2A. Deemed Execution Date, if any		3. 4. Securi Transaction Disposed Code (Instr.		rities Acquired (A) o ed Of (D) (Instr. 3, 4 a				Form	n: Direct II	7. Nature of ndirect Beneficial		
							(Month/Day/Yea						Owne Repor	l Following	(l) (ln		Ownership (Instr. 4)	
							Code	v	Amount	(A) or (D)		Trans	ction(s) 3 and 4)					
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
			(e.	g., puts	s, call	ls, warr	ants	, option	s, c	onverti	ble seci	urities)						
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Da urity or Exercise (Month/Day/Year) if any		Execution Date,	Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price Derivati Security (Instr. 5	derivati Securiti	ve ies ially ng ed	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amount or Number of Share	5	(Instr. 4)				
Option to purchase Common Stock	\$2.18	08/19/2024		A		300,000		(1)	0	8/18/2034	Common Stock	300,00	\$0	300,	000	D		

Explanation of Responses:

1. 25% of the options will vest upon the one-year anniversary of the grant date, August 19, 2025, and 1/48th will vest monthly thereafter over the 36-month period following the one-year cliff, subject to the reporting person's continued service to the Issuer through the applicable vesting dates.

Remarks:

/s/ Barbara G. McClung, attorney-in-fact

08/20/2024

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).