FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT (OF CI	HANGES I	IN BENEFIC	CIAL OW	/NERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	Steven	Reporting Person*	(Middle)		- 3.	Suer Name and Ticker or Trading Symbol Caribou Biosciences, Inc. [CRBU] 3. Date of Earliest Transaction (Month/Day/Year)						lationship of ck all applica Director Officer (below)	able)	g Perso	on(s) to Issu 10% Ow Other (s below)	mer			
` ′	,	DSCIENCES, IN	` '		102	02/20/2024						Ch	ief Scier	ntific	Officer				
		SUITE 105	<u> </u>		4. If Amendment, Date of Original Filed (Month/Day/Year)						Line)	6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) BERKEI	LEY C	A	94710										X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)		R	ule	10b5-	1(c)	Transa	acti	on Ind	icatio	n						
	Check this box to indicate that a transaction was made pursuant to a the affirmative defense conditions of Rule 10b5-1(c). See Instruction								t, instruction o	or written pl	an that	is intended to	satisfy						
		Та	ble I - Nor	ı-Deriv	vativ	∕e Se	curitie	s Ac	quired,	Disp	osed c	f, or E	ene	ficially	Owned				
Dat		Date	te E onth/Day/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year)		r, Transaction Disposed Of (Code (Instr.		ties Acquired (A) or I Of (D) (Instr. 3, 4 and		A) or 3, 4 and 5	Beneficial Owned Fo	s Form		orm: Direct In 0) or Indirect B (Instr. 4) O	7. Nature of ndirect Beneficial Ownership			
									v	Amount (A) o) or)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Ir		Instr. 4)	
Common Stock 02			02/2	20/202	0/2024		A		33,000 ⁽¹⁾ A		\$ <mark>0</mark>	387,037			D				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	rcise (Month/Day/Year) if any of (Mont itive		Date, Transa		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		re s I (A) sed str.	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				c	Code	v	(A)		Date Exercisabl		xpiration ate	Title	or Nu	nount ımber Shares		Transaction(s) (Instr. 4)			
Option to purchase Common Stock	\$6.81	02/20/2024			A		153,000		(2)	0:	2/19/2034	Commo	n 1:	53,000	\$0	153,00	00	D	

- 1. This reflects restricted stock units ("RSUs") that vest in four equal annual installments beginning on February 20, 2025, subject to the reporting person's continued services to the Issuer through the applicable vesting dates. The RSUs will be settled in stock within 30 days after each vesting date.
- 2. 25% of the options will vest upon the one-year anniversary of the grant date, February 20, 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, as attorney-in-fact

02/22/2024

** 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.