FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	D.C. 20549
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STATEMENT (OF CHANGES	IN BENEFICIAL	OWNERSHIP

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

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

Name and Address of Reporting Person* Ferrante Karen Jean					2. Issuer Name and Ticker or Trading Symbol Cogent Biosciences, Inc. [COGT]						(Ch	5. Relationship of Repo (Check all applicable) X Director			son(s) to Iss			
(Last)	(Fi	rst) ((Middle)		3. Date of Earliest Transaction (Month/Day/Year) 10/02/2023								Office below	er (give title		Other (s below)	pecify	
C/O COGENT BIOSCIENCES, INC.				4.	If Amer	ndment,	Date	of Original I	iled	(Month/D	ay/Year)	6. 1	6. Individual or Joint/Group Filing (Check Applicable					
275 WYMAN STREET, 3RD FLOOR					. 3 (ine)					
														filed by One Reporting Person filed by More than One Reporting				
(Street)		•	00.454										Pers		e mar	т Опе керо	ung	
WALTH/	AM M	A	02451	-	lo 1	IONE	1/0	\ Tropo	o o ti	on Ind	lication							
(Cit.)	(C)	inta)	(7: ₋)	^	uie 1	LUDS-	.T(C) Transa	acti	OII IIIU	iicalion							
(City)	(5)	tate)	(Zip)	l٢										tion or written	plan tl	hat is intende	d to	
					satist	y the affir	mativ	e defense cor	nditioi	is of Rule 1	10b5-1(c). S	ee Instructi	on 10.					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of S	Security (Inst	tr. 3)		Transaction				3.					5. Amo				7. Nature	
Date				ate //onth/Day/Y				Code (Instr. 5)		d Of (D) (Instr. 3, 4 a		Benefi	ially	(D) o		of Indirect Beneficial		
				(Month/Day/Year						Report		(I) (In		Ownership (Instr. 4)				
						Code	V	Amount	t (A) or Pr			ction(s) and 4)			.			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
		•						s, option					Owned					
1. Title of 2. 3. Transaction 3A. Deemed 4.					l. 5. Number		nber	6. Date Exe	Exercisable and 7. Title and		d	8. Price of	9. Number of		10.	11. Nature		
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	te, Trans	Transaction Code (Instr.				Expiration Date Amount of (Month/Day/Year) Securities				Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial		
(Instr. 3)	Price of Derivative	(months buy/rear)	if any (Month/Day/Ye		Securities Underlying Acquired Derivative Secu				g	(Instr. 5)	Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)				
	Security					(A) or (Instr. 3 and 4)						Following Reported		(I) (Instr. 4)	(111301.4)			
						of (D)							Transaction(s)	on(s)				
						(Instr. and 5)								(111511.4)				
									Т			Amount	1					
												or Number						
				Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	of Shares						
Stock											_							
Option (Right to Buy)	\$9.55	10/02/2023		A		2,345		10/02/2023	10	0/02/2033	Common Stock	2,345	\$0 ⁽¹⁾	2,345		D		

Explanation of Responses:

1. The option award was issued to the Reporting Person, who elected to take shares in lieu of cash compensation for services as a director, pursuant to the Issuer's non-employee director compensation plan. The number of options granted was determined by dividing the cash compensation otherwise payable with respect to the quarter by the Black-Scholes value of a single option calculated as of the date of the grant.

/s/ Evan D. Kearns, Attorney-

in-Fact

** Signature of Reporting Person

Date

10/03/2023

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 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.