FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

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

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL				
OMB Number:	MB Number: 3235-0287			
Estimated average burden				
hours per response: 0.8				

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 defense of 1(c). See

	atisfy the affirmative itions of Rule 10b5-ruction 10.					
Name and Address of Reporting Person*     Pinnow Cole		Person*	2. Issuer Name and Ticker or Trading Symbol Cogent Biosciences, Inc. [ COGT ]		tionship of Reporting Per all applicable) Director Officer (give title below) Chief Commercia	rson(s) to Issuer  10% Owner  Other (specify
(Last) (First) (Middle) C/O COGENT BIOSCIENCES, INC. 275 WYMAN STREET, 3RD FLOOR		ES, INC.	3. Date of Earliest Transaction (Month/Day/Year) 01/14/2025			below)
(Street) WALTHAM (City)	MA (State)	02451 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	vidual or Joint/Group Fil Form filed by One Re Form filed by More th Person	eporting Person

### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 2. Transaction 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) 7. Nature 1. Title of Security (Instr. 3) 2A. Deemed 5. Amount of 6. Ownership **Execution Date** Transaction Securities Beneficially of Indirect (Month/Day/Year) (D) or Indirect **Beneficial** if any (Month/Day/Year) Code (Instr. 8) Owned Following (I) (Instr. 4) Ownership (Instr. 4) Reported Transaction(s) (A) or ν Price Code Amount (D) (Instr. 3 and 4) 01/14/2025 45,848(2) Common Stock 43,750 \$7.598(1) D Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

### (e.g., puts, calls, warrants, options, convertible securities) 6. Date Exercisable and 1. Title of 3. Transaction 3A. Deemed 5. Number 7. Title and 8. Price of 9. Number of 10. 11. Nature Derivative Derivative Execution Date, **Expiration Date** Amount of derivative Ownership if any (Month/Day/Year) (Month/Day/Year) Security (Instr. 3) Derivative (Month/Day/Year) Security (Instr. 5) or Exercise Price of Code (Instr. 8) Securities Securities Form: Beneficial Direct (D) Securities Underlying Beneficially Ownership Derivative Acquired Derivative Owned or Indirect (I) (Instr. 4) (Instr. 4) Security (A) or Security (Instr. 3 and 4) Following Disposed of (D) (Instr. 3, 4 Reported Transaction(s) (Instr. 4) and 5) Amount Number Expiration (D) Title (A) Shares Code Exercisable Date

### **Explanation of Responses:**

- 1. The price reported represents the weighted average purchase price per share. The shares were purchased in multiple transactions at prices ranging from \$7.53 to \$7.60. Upon request by the staff of the U.S. Securities and Exchange Commission, the Issuer, or a security holder of the Issuer, the Reporting Person will provide full information regarding the number of shares purchased at each separate price.
- 2. Includes an aggregate of 1,398 shares acquired by the Reporting Person under the Issuer's 2018 Employee Stock Purchase Plan on December 31, 2024

/s/ Evan D. Kearns, Attorneyin-Fact

01/14/2025

\*\* Signature of Reporting Person Date

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.