FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | | |
| 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

| 1. Name and Address of Reporting Person* Ferrante Karen Jean | | | | 2. Issuer Name and Ticker or Trading Symbol Cogent Biosciences, Inc. [COGT] | | | | | | | | | | able) r | g Pers | 10% O | vner | | |
|--|---|--|--|--|--|----|--|-----|---------------------------------------|---|--------------------|--|---|---|---|--------------------------------------|---|---------------------------------------|-------------|
| (Last) (First) (Middle) C/O COGENT BIOSCIENCES, INC. | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/03/2022 | | | | | | | | Officer below) | Officer (give title below) | | Other (: below) | specify | | | |
| 200 CAMBRIDGE PARK DRIVE, SUITE 2500 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) | IDGE N | ИΑ | 02140 | | | | | | | | | | | X | Form fi | led by Mor | • | orting Perso One Repo | |
| (City) | (: | State) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tal | ole I - Non- | Deriva | ative | Se | curities | Ac | quired, I | Disp | osed o | f, or Be | nef | icially | Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | Transaction Dispo | | Disposed | urities Acquired (A) sed Of (D) (Instr. 3, 4 | | | 5. Amour Securitie Beneficia Owned F Reported | Form Sollowing (I) (II) | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | ount (A) or (D) | | | Transaction(s) (Instr. 3 and 4) | | | | (111311. 4) |
| 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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/Y | Co | ransaction ode (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Ex Expiration (Month/Da | n Date | Amount of | | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transactio | e S Illy | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Co | ode \ | v | (A) | (D) | Date Exercisab | | Expiration Date | Title | or Nu of | umber | | (Instr. 4) | on(s) | | |
| Stock Option (Right to Buy) | \$8.7 | 01/03/2022 | | 1 | A | | 2,329 ⁽¹⁾ | | (2) | | 01/03/2032 | Common Stock | 2 | ,329 | \$5.153 | 2,329 | | 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.
- 2. This option is fully vested at time of grant.

Remarks:

/s/ Ryan Murr, Attorney-in-Fact 01/04/2022

** 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.