FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	$D \subset$	20540
vasilington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-									
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

	CHRISTO	Reporting Person* OPHER W. rst)	(Middle)		Issuer Name and Ticker or Trading Symbol Cogent Biosciences, Inc. [COGT] Date of Earliest Transaction (Month/Day/Year) 06/07/2023							(Ch	eck all appli X Directo	cable) or (give title	Person(s) to Is 10% O Other (below)	wner	
C/O COGENT BIOSCIENCES, INC. 275 WYMAN STREET, 3RD FLOOR					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person			
(Street) WALTH	AM M	Α	02451		Du		10h5-	1 (c	\ Transa	action Indication				Form filed by More than One Reporting Person			
(City)	(Si	tate)	(Zip)		$ _{\square}$	Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										led to	
		Tab	le I - Non-	Deriva	ative	Sec	urities	s Ac	quired, D	isp	osed o	of, or Be	neficial	ly Owned	t		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date			Code (Instr. 5)				Benefici	es Form ally (D) o Following (I) (Ir	5. Ownership Form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	V Amount		(A) o (D)	Price	Transac (Instr. 3			(
	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)	vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any		s. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ve es ed	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
				C	Code	v	(A)	(D)	Date Exercisable	Ex _i	piration te	Title	Amount or Number of Shares				
Stock Option (Right to Buy)	\$11.7	06/07/2023			A		36,700		(1)	06/	07/2033	Common Stock	36,700	\$0.00	36,700	D ⁽²⁾	

Explanation of Responses:

- 1. This stock option shall vest in full upon the earlier of the first anniversary of the date of grant or the date of the 2024 Annual Meeting of Stockholders.
- 2. Under the Reporting Person's arrangement with Fairmount Funds Management LLC (the "Adviser"), the Reporting Person holds the option for one or more investment vehicles managed by the Adviser (each, a "Fairmount Fund"). The Reporting Person is obligated to turn over to the Adviser any net cash or stock received from the option for the benefit of such Fairmount Fund. The Reporting Person therefore disclaims beneficial ownership of the option and underlying common stock.

Remarks:

/s/ Evan D. Kearns, Attorney-06/08/2023 in-Fact

** 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.