FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
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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).

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 to satisfy the affirmative defense conditions of Rule 10b5-1(c).

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]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
retrante Karen Jean						_				_	_			1	Directo	or		10% O	wner	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 10/01/2024							\neg		Officer below)	(give title		Other (below)	specify	
C/O COGENT BIOSCIENCES, INC.						01/2	:024													
'																				
275 WYMAN STREET, 3RD FLOOR						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
				,		,, <u>.</u> ,,								Line)						
(Street)														1	Form f	filed by One	Rep	orting Perso	on	
WALTH.	AM M	A (02451												Form filed by More than One Reporting Person					
(City)	(St	ate) ((Zip)																	
		Tab	le I - Non-	-Deriva	ative	Se	curitie	s Ac	quired,	Dis	posed o	of, or Be	nefic	ially	Owned	k				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date,			cution Date,		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				4 and Securiti Benefic		es	Form (D) o	n: Direct r Indirect	7. Nature of Indirect Beneficial Ownership		
							ar) 8)					Reporte	od () ()			(Instr. 4)				
							Code	v	Amount	t (A) or P		ce		ransaction(s) nstr. 3 and 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	3. Transaction Date (Month/Day/Year)	Execution Date, if any		4. Transactior Code (Instr 8)		tr. Derivative Securities		6. Date Exercisable and Expiration Date Amount of Securities Underlying Derivative Secu				f s	D S (li	Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned		10. Ownershi Form: Direct (D)	Beneficial Ownership	
	Derivative Security						Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)					(Instr. 3 ai		TILLY		Following Reported Transactic (Instr. 4)	on(s)	or Indirect (I) (Instr. 4		
								П					Amou	ınt						
									Date		xpiration		or Numb of	oer						
				C	ode	٧	(A)	(D)	Exercisabl		ate	Title	Share	s						
Stock Option (Right to Buy)	\$10.75	10/01/2024			A		2,034		10/01/2024	4 1	0/01/2034	Common Stock	2,03	34	\$0.00 ⁽¹⁾	2,034		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-

10/02/2024

Date

in-Fact

** 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.