

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB Number:	3235-0104
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

1. Name and Address of Reporting Person* <u>RA CAPITAL MANAGEMENT, L.P.</u> <hr/> (Last) (First) (Middle) <u>200 BERKELEY STREET, 18TH FLOOR</u> <hr/> (Street) <u>BOSTON MA 02116</u> <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) <u>03/21/2024</u>	3. Issuer Name and Ticker or Trading Symbol <u>LENZ Therapeutics, Inc. [LENZ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person* <u>RA CAPITAL MANAGEMENT, L.P.</u> <hr/> (Last) (First) (Middle) <u>200 BERKELEY STREET, 18TH FLOOR</u> <hr/> (Street) <u>BOSTON MA 02116</u> <hr/> (City) (State) (Zip)

1. Name and Address of Reporting Person* <u>RA Capital Healthcare Fund LP</u> <hr/> (Last) (First) (Middle) <u>200 BERKELEY STREET, 18TH FLOOR</u> <hr/> (Street) <u>BOSTON MA 02116</u> <hr/> (City) (State) (Zip)

1. Name and Address of Reporting Person* <u>RA Capital Nexus Fund II, L.P.</u> <hr/> (Last) (First) (Middle) <u>200 BERKELEY STREET, 18TH FLOOR</u> <hr/> (Street) <u>BOSTON MA 02116</u> <hr/> (City) (State) (Zip)
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1. Name and Address of Reporting Person* <u>Kolchinsky Peter</u> <hr/> (Last) (First) (Middle) <u>C/O RA CAPITAL MANAGEMENT, L.P.</u> <u>200 BERKELEY STREET, 18TH FLOOR</u> <hr/> (Street)
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