FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPE

OMB Number:	3235-0287
Estimated average burden	
hours nor resnonse.	0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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). See Instruction 10.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

TODO T(c): OCC IIISTI	action 10.						
1. Name and Address Olsson Shawn	of Reporting Person*		2. Issuer Name and Ticker or Trading Symbol LENZ Therapeutics, Inc. [LENZ]	5. Relat (Check	s) to Issuer		
(Carlo) (Middle)		(AA:Jalla)		X	Director Officer (give title below)	Other (specify below)	
(Last) (First) C/O LENZ THERAPEUTICS, INC. 201 LOMAS SANTA FE, SUITE 300		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 12/16/2024		Chief Commercial	l Officer	
(Street) SOLANA BEACH CA 92075		92075	If Amendment, Date of Original Filed (Month/Day/Year)	6. Indivi	ndividual or Joint/Group Filing (Check Applicable Line $old X$ Form filed by One Reporting Person Form filed by More than One Reporting Persor		
(City)	(State)	(Zip)					

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year) 2A. Deemed Execution D if any (Month/Day/				4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)		(Instr. 4)
Common Stock	12/16/2024		M		3,333	A	\$2.08	3,333	D	

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 Date, if any (Month/Day/Year)	4. Transac Code (Ir 8)		Derivative I		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	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Stock Option (right to buy)	\$2.08	12/16/2024		M			3,333	(1)	08/18/2031	Common Stock	3,333	\$0	64,641	D	

Explanation of Responses:

1. Shares issued pursuant to the LENZ Therapeutics Operations, Inc. (previously named Lenz Therapeutics, Inc.) 2020 Equity Incentive Plan (the "2020 Plan"). Subject to the Reporting Person continuing to be a Service Provider (as defined in the 2020 Plan) through each applicable date, twenty five percent (25%) of the shares subject to the option shall vest on the one (1) year anniversary of the Vesting Commencement Date, and one forty-eighth (1/48th) of the shares subject to the option shall vest each month thereafter on the same day of the month as the Vesting Commencement Date (and if there is no corresponding day, on the last day of the month). "Vesting Commencement Date" shall mean April 26, 2021.

Remarks:

/s/ Evert Schimmelpennink, as Attorney-in-Fact
** Signature of Reporting Person

12/17/2024

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.