FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-0287									
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

									IIIVCStillCilt											
1. Name and Address of Reporting Person*  Mulligan Richard					2. Issuer Name and Ticker or Trading Symbol Sana Biotechnology, Inc. [ SANA ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
<u>Wunigan Kicharu</u>					$\vdash$									1	Directo	r		10% Ow	ner	
(Last)	(Fi	rst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/06/2024									Officer below)	(give title		Other (s below)	pecify	
C/O SANA BIOTECHNOLOGY, INC.					4 If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
188 EAST BLAINE STREET, SUITE 400				4. "	4. II Americinent, Date of Original Flied (Month/Day/Year)								Line)							
														1		•				
(Street)	E W	· A	00102												Form fi Person		e than	One Repor	ting	
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,					ĮΚι	ле	-כמטו	I(C)	Transa	ıcı	ion ina	ication								
(City)	(S	tate)	(Zip)			Check this how to indicate that a transaction was made aurought to a contract, instruction or written also that is intended to														
Check this satisfy the								Theck this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended atisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												
		Tab	le I - Non-	-Deriva	ative	Se	curities	s Ac	quired, [	Dis	posed o	f, or Be	nefici	ially	Owned					
1. Title of S	Security (Inst	r. 3)	2	2. Transa	action		2A. Deeme	ed	3.		4. Securi	ties Acquir	ed (A) o	r	5. Amour	nt of	6. Ov	nership 7	'. Nature	
Date (Month/D					Execution Date		Transaction Dispose Code (Instr. 5)		d Of (D) (Instr. 3, 4 and			Securitie Beneficia Owned F	s Form ally (D) o ollowing (I) (Ir		r Indirect E str. 4)	of Indirect Beneficial Ownership				
								Code	v	Amount (A)		r Pric	ce	Reported Transacti (Instr. 3 a	ion(s)			Instr. 4)		
						_														
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of									d Amoi	ount 8. Price of		9. Number of		10.	11. Nature					
Derivative Security (Instr. 3)	rative Conversion Date Execution Date, if any			ate, Ti	Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			of Securities Underlying Derivative Security (Instr. 3 and 4)			Derivative Security Instr. 5)	derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)	
				c	ode	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amou or Numb of Share	er						
Stock Option (Right to Buy)	\$7.36	06/06/2024			Α		54,278		(1)	C	06/05/2034	Common Stock	54,2	78	\$0.00	54,278	3	D		

## Explanation of Responses:

1. The option vests and becomes exercisable as to 100% of the underlying shares on the earlier of (i) June 6, 2025 and (ii) immediately prior to the 2025 annual meeting of stockholders of Sana Biotechnology, Inc. ("Sana"), provided that the reporting person provides continuous service to Sana through such date.

## Remarks:

/s/ Julie Shah, Attorney-in-Fact for Richard Mulligan

06/07/2024

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.