FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinaton	D C	20540
Washington,	D.C.	20049

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 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Mulligan Richard				2. Issuer Name and Ticker or Trading Symbol Sana Biotechnology, Inc. [SANA]							4	ble)	Perso	10% Ow	ner		
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/06/2024					Officer (below)	give title		Other (s _i below)	pecify			
C/O SANA BIOTECHNOLOGY, INC. 188 EAST BLAINE STREET, SUITE 400				4. If Amendment, Date of Original Filed (Month/Day/Year) 06/07/2024					Line)	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person							
(Street) SEATTL	E W	V A	98102										Form file Person	ed by More	e than	One Reporti	ng
					Rule	10b5-1	I(c)	Transa	ction	Indic	cation						
(City)	(S	tate)	(Zip)		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is int the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.						s intended to	satisfy					
		Ta	able I - Non	-Deriva	tive S	ecurities	s Acq	juired, D	ispos	sed of	f, or Bei	neficially	Owned				
Date			2. Transac Date (Month/Da	Execution Date,		Date,	Transaction Disposed Code (Instr.			ies Acquired (A) or Of (D) (Instr. 3, 4 and 5		5. Amount Securities Beneficial Owned Fo Reported	Form: (D) or		Direct Indirect Etr. 4)	7. Nature of ndirect Beneficial Ownership	
							Code	/ An	mount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			,	(Instr. 4)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
1. Title of Derivative Conversion or Exercise (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date Execution Date, if any (Month/Day/Year)		Code	sinsaction de (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		(A) ed	Expiration Date of Section (Month/Day/Year) Underly		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)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	(A)		Date Exercisable		iration	Title	Amount or Number of Shares		(Instr. 4)	(S)		
Stock Option (Right to Buy)	\$7.36	06/06/2024		A		65,000 ⁽¹⁾		(2)	06/05	5/2034	Common Stock	65,000(1)	\$0.00	65,000	_j (1)	D	

Explanation of Responses:

- 1. This Form 4/A is being filed to correct a clerical error with regard to the number of option shares acquired.
- 2. 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

** Signature of Reporting Person

07/15/2024 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.