FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OIVID APP	ROVAL					
	OMB Number:	3235-0287					
	Estimated average	burden					
	hours per response	0.5					
- 1							

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

1(c). Se	ee Instructior	10.																						
1. Name and Address of Reporting Person* ANG ROBERT						2. Issuer Name and Ticker or Trading Symbol Vor Biopharma Inc. [VOR]							(CI	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)										
ANGN		, or stopmania inc.								Director				10% O	wner									
					\vdash									4		Office	r (give title		Other (: below)	specify				
(Last)	,	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 11/06/2024										— D) RESIDEN	TAN	,					
C/O VOI	R BIOPH.	11/0	10/202	.4									rr	ESIDEN	1 AIN	ND CEO								
100 CAN	/IBRIDGI																							
,			4. If /									6. Individual or Joint/Group Filing (Check Applicable												
(Street)														Lin		orm	filed by On	o Don	ortina Doro	an				
CAMBR	IDGE N	IA ()2140												Form filed by One Reporting Person Form filed by More than One Reporting									
-																erso		ie tilai	ii One Rep	orting				
(City)	(\$	State) (Zip)																					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																							
1. Title of Security (Instr. 3) 2. Transaction							ion 2A. Deemed 3. 4. Securities Acquired (A												7. Nature					
				Date (Month/Da	ay/Year)	Execution Date, y/Year) if any			Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5)				3, 4 ar		curiti				of Indirect Beneficial					
[\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					(Month/Day/Year)			8) ` ′						vned porte			(Instr. 4)	Ownership (Instr. 4)						
			Code V Amount			Amount	(A) (D)) or	or Price		Tuenesetien(s)				(
Common Stock 11/06/2						2024			F		2,361(1)) D		\$0.8	36 787,487		7,487		D					
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																							
		Ia									onvertib					1160	•							
1. Title of	2.	3. Transaction			4.						isable and		Title and		8. Price of		9. Number			11. Nature				
Derivative Security	Conversion or Exercise		if any	ion Date,	Transa Code (Expirati (Month/				unt of		Derivative Security		Securities		Ownership Form:	of Indirect Beneficial				
(Instr. 3) Price of Derivative (Monti				/Day/Year)	8)		Securities Acquired		Underlying Derivative					(Instr. 5	5)	Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)					
	Security							(A) or		Security (Ins							Following		(I) (Instr. 4)	(
					of			Disposed of (D)			3 and 4)						Reported Transaction(s)							
						(Instr. 3, 4 and 5)											(Instr. 4)							
								\Box					Am	ount										
																	or	mber						
						l.,			Date		Expiration		of											
					Code	Code V (A) (D)			⊨xercis	xercisable Date Title Sha			ares											

Explanation of Responses:

1. Shares were withheld to satisfy the Reporting Person's tax withholding obligations in connection with the settlement of restricted stock units.

/s/ Katie Kazem, Attorney-in-Fact

11/08/2024

** Signature of Reporting Person 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.