FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL		
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	Check this box if no longer subject to
١	Section 16. Form 4 or Form 5
ı	obligations may continue. See
	Instruction 1(b).

	or Section 30(h) of the Investment Company Act of 1940		
I. Name and Address of Reporting Person*	2. Issuer Name and Ticker or Trading Symbol Vor Biopharma Inc. [VOR]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)	
Resnick Joshua		X Director 10% Owner	
(Last) (First) (Middle) C/O VOR BIOPHARMA INC.	3. Date of Earliest Transaction (Month/Day/Year) 02/05/2021	Officer (give title Other (specify below) below)	
100 CAMBRIDGEPARK DRIVE, SUITE 400	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Al Line)		
Street)		X Form filed by One Reporting Person	
CAMBRIDGE MA 02140	_	Form filed by More than One Reporting Person	
(City) (State) (Zip)			

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 1. Title of Security (Instr. 3) 2. Transaction 2A. Deemed 5. Amount of 6. Ownership 7. Nature Securities Beneficially **Execution Date** Transaction (Month/Day/Year) (D) or Indirect Beneficial 5) if any (Month/Day/Year) Code (Instr. 8) Owned Following Reported (I) (Instr. 4) Ownership (Instr. 4) (A) or (D) Transaction(s) (Instr. 3 and 4) Price Code Amount Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities) 1. Title of 3. Transaction 3A. Deemed 5. Number 6. Date Exercisable and 7. Title and Amount 8. Price of 9. Number of 11. Nature Date (Month/Day/Year) Derivative Security (Instr. 3) Conversion or Exercise Expiration Date (Month/Day/Year) of Securities Underlying derivative Securities Ownership of Indirect Beneficial Execution Date, Transaction Derivative Security Form: if any Code (Instr. Price of Derivative Security (Month/Day/Year) 8) Securities Derivative Security (Instr. 3 and 4) (Instr. 5) Beneficially Direct (D) Ownership Acquired (A) or Disposed Owned Following or Indirect (I) (Instr. 4) (Instr. 4) Reported Transaction(s) of (D) (Instr. 3, 4 and 5) (Instr. 4) Amount Number Date Expiration Date Code (A) (D) Exercisable Title Shares Stock Option \$18 02/05/2021 16,900 (1) 02/04/2031 Common 16,900 \$0.00 16,900 $D^{(2)}$ Α (right to Stock buy)

Explanation of Responses:

- 1. 1/36th of the shares underlying the option vest in equal monthly installments commencing on March 5, 2021, provided that the Reporting Person remains continuously engaged by the Issuer on each such vesting date.
- 2. Under the Reporting Person's arrangement with RA Capital Management, L.P. (the "Adviser"), the Reporting Person holds the option for the benefit of the RA Capital Healthcare Fund, L.P. (the "Fund"), RA Capital Nexus Fund, L.P. (the "Nexus Fund") and a separately managed account (the "Account"). The Reporting Person is obligated to turn over to the Adviser any net cash or stock received from the option, which will offset advisory fees owed by the Fund, the Nexus Fund and the Account to the Adviser. The Reporting Person therefore disclaims beneficial ownership of the option and underlying common stock.

Remarks:

/s/ Jason Minio, Attorney-in-Fact 02/09/2021

** 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.