FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|--|
| OMB Number: 3235-0 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response | : 0.5 | | | | | | | |

| | Check this box if no longer subject |
|--------|-------------------------------------|
| \Box | to Section 16. Form 4 or Form 5 |
| \cup | obligations may continue. See |
| | Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* ANG ROBERT | | | | | 2. Issuer Name and Ticker or Trading Symbol Vor Biopharma Inc. [VOR] | | | | | | | | | | neck all apport | ctor | | 10% Ov | vner |
|--|--|-----------|---------|--|---|------|--------|--|-----------------------------------|----------|--|---------------|---|--|--|--|--|--|------|
| (Last) | ` | irst) (I | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 08/07/2023 | | | | | | | | | | X Office below | cer (give title ow) President an | | Other (specify below) | |
| 100 CAMBRIDGEPARK DRIVE, SUITE 101 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) CAMBRIDGE MA 02140 | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reportin Person | | | | | |
| (City) | 2) | State) (2 | Zip) | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | ended to | | | |
| | | Table | I - No | n-Deriva | tive Se | ecui | rities | Acq | uired, | Dis | posed of | f, or | Ben | efici | ally Owr | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | Execution | | | Oate, | Transaction Code (Instr. 8) 4. Securitie Disposed (5) | | | ies Acquired (A Of (D) (Instr. 3 | | I (A) or . 3, 4 a | 5. Amo Securi Benefi Owned | icially d | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | nt (A) or (D) | | Price | Transa | ransaction(s) nstr. 3 and 4) | | | |
| Common Stock 08/07/2 | | | | | 2023 | | | F | | 2,361(1) | | D | \$2.6 | 69 | 695,943 | | 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) | erivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and | | f g nd 4) | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Expirati Exercisable Date | | Expiration Date | Title | or Nun of | ount mber ires | | | | | |

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 ("RSUs").

Remarks:

/s/ Katie Kazem, Attorney-in-08/09/2023

<u>Fact</u>

** 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.