SEC For	rm 4																
FORM 4 UNI				INITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549											OMB APPROVAL		
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									Estim	OMB Number: 3235 Estimated average burden hours per response:		3235-0287 n 0.5	
1. Name and Address of Reporting Person [*] Patterson Matthew R						2. Issuer Name and Ticker or Trading Symbol <u>Vor Biopharma Inc.</u> [VOR]								5. Relationship of Reporting Person(s) to Is (Check all applicable) X Director 10% 0			
(Last)					3. Date of Earliest Transaction (Month/Day/Year) 05/23/2024								Officer (give title Other (specify below) below)				specify
C/O VOR BIOPHARMA INC. 100 CAMBRIDGEPARK DRIVE, SUITE 101					4. If Am	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person			
(Street) CAMBR	IDGE M	A	02140		Dula		Trans		l		t io 10		Form f Persor		re thar	n One Repo	rting
(City) (State) (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.													
		Tak	ole I - Nor	n-Deriv	ative Se	ecurities Ac	quired	Dis	posed o	of, o	r Bene	ficiall	y Owned				
Date				action Day/Year)	Execution Date		Code (Instr.					4 and Securities Beneficially Owned Foll		Form (D) o	n: Direct r Indirect Istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	v	Amount	(A) or (D) Prid		Price	 Reported Transaction(s) (Instr. 3 and 4) 					
						curities Acqu Is, warrants							Owned				
1. Title of Derivative Security	Derivative Conversion Date Execution Date, 1			Date, T	ransaction ode (Instr.	ansaction of Ex			Date Exercisable and cpiration Date lonth/Day/Year) 7. Title and of Securitie Underlying				nount 8. Price of 9. Derivative de Security Se			10. Ownership Form:	11. Nature of Indirect Beneficial

Derivativ Security (Instr. 3)		Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transaction Code (Instr. 8)		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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)	
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
	Stock Option (Right to Buy)	\$1.61	05/23/2024		A		30,000		(1)	05/22/2034	Common Stock	30,000	\$0	30,000	D		

Explanation of Responses:

1. This option was granted to the Reporting Person pursuant to the Issuer's non-employee director compensation policy. The shares underlying the option vest and become exercisable on the earlier of (i) May 23, 2025 or (ii) the Issuer's next annual meeting of stockholders following the grant date, in each case, subject to the Reporting Person's continued service as a director through such date.

· ·		
	/s/ Katie Kazem, Attorney-in-	05/28/2024
	Fact	05/20/2024

** 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.