SEC Form 4 FORM 4		STATES (	SECURITIES	S A N		YCHANG	FCC	MMISS	SION					
	UNITE	JUIAILU			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 pursua	F CHANGES Int to Section 16(a) of Int to 30(h) of the In	es Exchange A		COMB Number: 3235-028 Estimated average burden hours per response: 0.									
1. Name and Address of Reporting Person <sup>®</sup> Attar Eyal C.			er Name <b>and</b> Ticker Biopharma Ind	vmbol		ationship of Rep ( all applicable) Director	10% Owner							
(Last) (First) C/O VOR BIOPHARMA INC.	(Middle)	3. Date 01/29	e of Earliest Transac /2024	ay/Year)	X	X Officer (give title Other (specify below) below) CHIEF MEDICAL OFFICER								
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	X Form filed by One Reporting Person Form filed by More than One Reporting Person								
(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.											
r	able I - Nor	n-Derivative S	Securities Acq	uired,	Disp	oosed of, o	r Bene	ficially	Owned					
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities A Disposed Of (			5. Amount of Securities Beneficially Owned Follow	ring	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
				Code	v	Amount	(A) or (D)	Price	<ul> <li>Reported</li> <li>Transaction(s)</li> <li>(Instr. 3 and 4)</li> </ul>			(Instr. 4)		

## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Α

62,500<sup>(1)</sup>

(															
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		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)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)		
Employee Stock Option (right to buy)	\$2.41	01/29/2024		Α		125,000		(2)	01/28/2034	Common Stock	125,000	\$0	125,000	D	

## Explanation of Responses:

Common Stock

1. Represents the number of shares underlying restricted stock units ("RSUs"). Each RSU represents the contingent right to receive one share of common stock of the Issuer. The RSUs vest over four years in equal quarterly installments beginning on February 1, 2024, subject to the Reporting Person's continued service as of each such date.

2. The shares shall vest and become exercisable in a series of 48 successive equal monthly installments beginning on February 1, 2024, in each case subject to the Reporting Person's continued service as of each such date.

## /s/ Katie Kazem, Attorney-in-01/31/2024 Fact

\$<mark>0</mark>

A

\*\* 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).

01/29/2024

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.

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