FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL				
	3235-			
OMB Number:	0104			
Estimated average burden				
hours per response:	0.5			

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* Kalir Erez	2. Date of Event Requiring Statement (Month/Day/Year) 01/06/2025	3. Issuer Name and Ticker of Vor Biopharma Inc					
(Last) (First) (Middle) C/O VOR BIOPHARMA INC. 100 CAMBRIDGEPARK DRIVE,		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person		
SUITE 101		Officer (give title below)	Other (specify below)				
(Street) CAMBRIDGE MA 02140						by More than One Person	
(City) (State) (Zip)							
Table I - Non-Derivative Securities Beneficially Owned							
			· · · · · · · · · · · · · · · · · · ·				
1. Title of Security (Instr. 4)		2. Amount of Securities Beneficially Owned (Instr. 4)	3. Owner Form: D (D) or In (I) (Instr	ership 4 Direct C	I. Nature of Indire Ownership (Instr.		
1. Title of Security (Instr. 4)	Table II - Derivativ	2. Amount of Securities Beneficially Owned (Instr.	3. Owner Form: D (D) or Ir (I) (Instr	ership Direct adirect 5.5)			
1. Title of Security (Instr. 4)	Table II - Derivativ	2. Amount of Securities Beneficially Owned (Instr. 4) re Securities Beneficia ants, options, converti	3. Owner Form: D (D) or Ir (I) (Instructional State Securities	ership Direct adirect 5.5)	5. Ownership (Instr.		

Explanation of Responses:

Remarks:

Mr. Kalir was elected to the board of directors of the Issuer as a designee of Reprogrammed Interchange LLC.

No securities are beneficially owned.

/s/ Erez Kalir

01/08/2025

** Signature of Reporting

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 5 (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.