SEC For	m 4																	
FORM 4 UNI				TED 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).			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								HIP	Estima	OMB Number:         3235-0287           Estimated average burden         hours per response:         0.5					
1. Name and Address of Reporting Person <sup>*</sup> <u>Namouni Fouad</u>				2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Vor Biopharma Inc.</u> [ VOR ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) (First) (Middle)			(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/23/2024								Officer below)	r (give title ')		Other ( below)	specify	
C/O VOR BIOPHARMA INC. 100 CAMBRIDGEPARK DRIVE, SUITE 101					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) CAMBRIDGE MA 02140				Form filed by More than One Re Person								One Repo	rting					
(City)	(S	(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.												
		Tab	ole I - Nor	n-Deriv	ative Se	curities Ac	quired	, Dis	oosed o	of, oi	r Bene	eficially	y Owned					
			Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Yea	Code (Instr.		5)				5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code	v	Amount		(A) or (D) P		Transaction(s) (Instr. 3 and 4)						
		•				urities Acq s, warrants							Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemee Execution I if any (Month/Day	Date, 1	4. Fransaction Code (Instr. 3)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date E Expiratio (Month/I	on Date		of Solution Und Deri	itle and <i>l</i> ecurities lerlying ivative S tr. 3 and	ecurity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s Ily J	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	

Stock Option (Right to Buy)	\$1.61	05/23/2024		А		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-														

(A)

porting Person's continued service as a director th	rough such date.
/s/ Katie Kazem, Attorney-in- Fact	<u>05/28/2024</u>

Amount or Number

of Shares

Title

Expiration Date

Date

Exercisable

(D)

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\ast}$  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).

Code ۷

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.