FORM 3

### UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

# OMB APPROVAL

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#### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

						Act of 1940			
1. Name and Address of Reporting Person*  RA CAPITAL  MANAGEMENT, L.P.			Requirir	of Event og Statement Day/Year) 2021	3. Issuer Name <b>and</b> Ticker or Trading Symbol  Vor Biopharma Inc. [ VOR ]				
(Last) (First) (Middle)				Relationship of Reporting Person(s) t Issuer (Check all applicable)		Í   I	. If Amendment, Date of Original iled (Month/Day/Year)		
200 BERKELEY STREET, 18TH FLOOR					X Director Officer (give title below)	X 10% C Other below	(specify		
(Street) BOSTON	MA	02116						Person  X Form filed Reporting	by More than One Person
(City)	(State)	(Zip)							
			Table I - N	on-Deriva	tive Securities Ben	eficially O	wned		
1. Title of Security (Instr. 4)				2. Amount of Securities Beneficially Owned (In: 4)					
		(€			re Securities Benef ants, options, conv				
Ex <sub>(Mc</sub>		2. Date Exerc Expiration D (Month/Day/	ate	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	e Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
					Amount or	Derivative	Direct (D) or Indirect	5)	
			Date Exercisable	Expiration Date	Title	Number of Shares	Security	(I) (Instr. 5)	
Series A-2 P	referred Stoo	ek			Title  Common Stock				See Footnote <sup>(2)(4)</sup>
	Preferred Stoo		Exercisable	Date		Shares	Security	(I) (Instr. 5)	See Footnote <sup>(2)(4)</sup> See Footnote <sup>(3)(4)</sup>
	referred Stoo		Exercisable (1)	Date (1)	Common Stock	Shares 1,644,549	Security (1)	(I) (Instr. 5)	
Series A-2 P	Preferred Stock		(1)	(1) (1)	Common Stock Common Stock	Shares 1,644,549 280,330	(1)	(I) (Instr. 5)  I	See Footnote <sup>(3)(4)</sup>

## (Street) **BOSTON** 02116 MA (City) (State) (Zip) 1. Name and Address of Reporting Person\* RA Capital Healthcare Fund LP (Last) (First) (Middle) 200 BERKELEY STREET, 18TH FLOOR (Street) **BOSTON** 02116 MA(City) (State) (Zip)

1. Name and Add	dress of Reporting Peter	Person*						
(Last)	(First)	(Middle)						
C/O RA CAP	ITAL MANAG	EMENT, L.P.						
200 BERKELEY STREET, 18TH FLOOR								
(Street)								
BOSTON	MA	02116						
(City)	(State)	(Zip)						
Name and Address of Reporting Person*     Shah Rajeev M.								
(Last)	(First)	(Middle)						
C/O RA CAPITAL MANAGEMENT, L.P.								
200 BERKEL	EY STREET, 1	8TH FLOOR						
(Street)								
BOSTON	MA	02116						
(City)	(State)	(Zip)						

#### **Explanation of Responses:**

- 1. Each share of Series A-2 Preferred Stock and Series B Preferred Stock is convertible at any time at the option of the holder, without payment of additional consideration, into Common Stock, on a 13.6-for-one basis, has no expiration date and will automatically convert into shares of Common Stock upon the closing of the Issuer's initial public offering.
- 2. These securities are held directly by RA Capital Healthcare Fund, L.P. (the "Fund").
- 3. These securities are held directly by RA Capital Nexus Fund, L.P. (the "Nexus Fund").
- 4. RA Capital Management, L.P. (the "Adviser") is the investment manager for the Fund and the Nexus Fund. The general partner of the Adviser is RA Capital Management GP, LLC (the "Adviser GP"), of which Dr. Peter Kolchinsky and Mr. Rajeev Shah are the managing members. The Adviser, the Adviser GP, Dr. Kolchinsky and Mr. Shah disclaim beneficial ownership of any of the reported securities, except to the extent of their pecuniary interest therein.

/s/ Peter Kolchinsky,	
Manager of RA Capital	02/04/2021
Management, L.P.	
/s/ Peter Kolchinsky,	
Manager of RA Capital	
Healthcare GP, LLC, the	02/04/2021
General Partner of RA	02/04/2021
Capital Healthcare Fund,	
<u>L.P.</u>	
/s/ Peter Kolchinsky	02/04/2021
/s/ Rajeev Shah	02/04/2021
** Signature of Reporting	Date

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

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).