FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|------------------|------------|---------------|------------------|

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

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

| 1. Name and Address of Reporting Person* <u>Huber Reid M</u> | | | <u>C</u> | 2. Issuer Name and Ticker or Trading Symbol CARGO Therapeutics, Inc. [CRGX] | | | | | | (Che | eck all applic | able) r | Person(s) to Iss | vner | | |
|--|--|------------|------------------------|---|--|---|------------|---------|---|---|---|---|----------------------------|--|---|--|
| (Last) | (F | irst) | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 1/09/2023 | | | | | | Officer below) | Officer (give title below) | | specify | |
| C/O CARGO THERAPEUTICS, INC. 1900 ALAMEDA DE LAS PULGAS, SUITE 350 | | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) | ATEO C. | A | 94403 | | | ulo 1 | IOhE 1 | 1(0) | Transac | ation Ind | iootion | | Form fi Person | | han One Repo | rting |
| (City) | (S | tate) | (Zip) | | | Chec | k this box | to indi | | saction was n | nade pursua | | | n or written pla | n that is intended | l to |
| | | Tab | le I - Non | -Deri | vativ | e Sec | curities | s Ac | quired, Di | sposed o | f, or Be | neficiall | y Owned | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Execution Date | | Code (Instr. 5) | | | 5. Amour Securitie Beneficia Owned F | es Form ally (D) of Following (I) (II | orm: Direct o) or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | Code V | Amount | (A) or (D) Price | | Transact (Instr. 3 a | ion(s) | | 1150.4) | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) | | Execution Date, if any | | | Transaction Code (Instr. B) Der Sec (A) Dis of (| | of Expi | | Date Exercisable and xpiration Date And Mandate Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 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 | | | | |
| Stock Option (Right to Buy) | \$15 | 11/09/2023 | | | A | | 25,000 | | (1) | 11/08/2033 | Common Stock | 25,000 | \$0 | 25,000 | D | |

Explanation of Responses:

1. 1/36th of the shares subject to the option vest on each monthly anniversary measured from November 10, 2023 (the "Vesting Commencement Date"), such that 100% of the shares subject to the option will be fully vested and exercisable on the third anniversary of the Vesting Commencement Date.

/s/ Halley Gilbert, as attorneyin-fact for Reid Huber

11/13/2023

** 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.