Form 8937 (December 2017) Department of the Treasury Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-0123

Part I Reporting	ssuer					
1 issuer's name		2 Issuer's employer identification number (EIN)				
CARGO THERAPEUTICS IN	NC.	84-4080422				
3 Name of contact for add	ditional information 4	5 Email address of contact				
FAISAL SHAWWA			(650) 674-4355	FSHAWWA@CARGO-TX.COM		
6 Number and street (or P	2.O. box if mail is not de	7 City, town, or post office, state, and ZIP code of contact				
835 INDUSTRIAL ROAD, SI	JITE 400		SAN CARLOS, CA 94070			
8 Date of action		**************************************				
11/03/2023		REVERSE STOCK SPLIT				
10 CUSIP number	11 Serial number(s)		12 Ticker symbol	13 Account number(s)		
14179K101 N/A			CRGX	N/A		
Part II Organization	onal Action Attach	additional	statements if needed. See back	ck of form for additional questions.		
14 Describe the organizate the action ► SEE AT		olicable, the	date of the action or the date aga	inst which shareholders' ownership is measured for		
15 Describe the quantitat share or as a percenta				he hands of a U.S. taxpayer as an adjustment per		
Describe the calculation valuation dates ► SEE		is and the c	lata that supports the calculation,	such as the market values of securities and the		

Part	Ш	Organizational Action (continue	ed)			
17 I			ion(s) and subsection(s) upon which the tax to	eatmen	nt is based ▶	SEE ATTACHED
18 (Can an	y resulting loss be recognized?► SEE	ATTACHED			
5						
19 F	Provide	any other information necessary to imp	olement the adjustment, such as the reportable	e tax ye	ear ► SEE A	TACHED
	Unde	r penalties of periury. I declare that/I have e	xamined this return, including accompanying schedu	ules and	I statements, a	and to the best of my knowledge and
	belief	, it is true, correct, and complete. Declaration	of preparer (other than officer) is based on all inform	nation of	which prepare	er has any knowledge.
Sign		1111				
Here	Signs	eture > 100 Man		Date ►	0/7	12024
	Signa	The state of the s		Date	-3/1	1207
	Deimi	vour name ▶ FAISAL SHAWWA		Title 🕨	SENIOR VII	CE PRESIDENT, FINANCE
	Print	your name ► FAISAL SHAWWA Print/Type preparer's name	Preparer's signature	Title ► Date		PTIN
Paid		r mo rype proparer s name	oparor o orginaturo	Said		Jneck 🔝 IT
Prep						self-employed
Use		Firm's name				Firm's EIN ►
		Firm's address ▶	W 201			hone no.
Send F	orm 89	I37 Including accompanying statement	s) to: Department of the Treasury Internal Rev	renue S	envice Onde	n III 84201-0054