FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | DC | 20549 |
|----------------|------|-------|
| wasiiiiigioii, | D.C. | 20349 |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | | |
|-----|--------------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
| | Estimated average burden | | | | | | | | | |
| - 1 | hours por rosponso: | 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>Lubner David Charles</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) 11/09/2023 | | | | | | | Officer (give title below) | | Other (s 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 | | D | ulo 1 | 10hE / | 1(0) | Trancac | stion Ind | ication | | Form fi Person | | han One Repo | rting |
| (City) | (S | tate) | (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. | | | | | | | | l to | | |
| | | Tab | le I - Non | -Deriv | 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 | | Date, | te, Transaction Disposed Of Code (Instr. 5) | | rities Acquired (A) or ed Of (D) (Instr. 3, 4 and (A) or (D) Price | | 5. Amour Securitie Beneficia Owned F | s Fo ally (D ollowing (I) | orm: Direct) or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code V | | | Amount | Transact (Instr. 3 a | ion(s) | | | |
| 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/Yea | | 3A. Deemed Execution Date, if any (Month/Day/Year) | ate, | 4. Transaction Code (Instr. 8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | 10. 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 | |

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 David Lubner

11/13/2023

** Signature of Reporting Person

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.