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* Szela Mary T | | | | <u>O</u> : | 2. Issuer Name and Ticker or Trading Symbol Omega Therapeutics, Inc. [OMGA] 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | (Ch | 5. Relationship of Reporting Per (Check all applicable) Director Officer (give title | | | 10% Ow | ner | |
|--|---|--|--|--|--|--------|--|---------------------|--|----------------|---|---|---|---|---|--|--|--|
| (Last) | , , , , , , , , , , , , , , , , , , , | | | 06 | 06/20/2024 | | | | | | | below) |)W) | | below) | | | |
| C/O OMEGA THERAPEUTICS, INC. | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| 140 FIRST STREET, SUITE 501 | | | | | | | | | | | | | Line) Form filed by One Reporting Person | | | | | |
| (Street) CAMBRIDGE MA 02141 | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | | |
| | | R | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | | |
| (City) (State) (Zip) | | | | | 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. | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| Date | | | | Transaction ate lonth/Day/Ye | Execution Date, | | Transaction Disposed Code (Instr. 5) | | ities Acquired (A) or d Of (D) (Instr. 3, 4 and | | 5. Amour Securitie Beneficia Owned F Reported | s ally following (| 6. Owner Form: [[D) or li [I) (Inst | Direct ondirect Br. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | Code | , , | Amount (A) or (D) | | Price | Transact (Instr. 3 a | ion(s) | | | (111501.4) | | |
| 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) | 3A. Deemed Execution Date if any (Month/Day/Yes | Code (| Transaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (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 (Instr. 4) | , G | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Exp Dat | piration te | Title | Amount or Number of Shares | | | | | | |
| Stock Option (Right to Buy) | \$2.2 | 06/20/2024 | | A | | 25,000 | | (1) | 06/ | /19/2034 | Common Stock | 25,000 | \$0.00 | 25,000 | | D | | |

Explanation of Responses:

1. The options vest and become exercisable on the earlier of (i) the date of the Issuer's next annual meeting of stockholders and (ii) the first anniversary of the date of grant, subject to the Reporting Person's continued service on the Issuer's Board of Directors through such vesting date.

/s/ Barbara Chan as Attorneyin-Fact for Mary Szela

06/21/2024

** 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.