FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

<i>N</i> ashington,	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

Name and Address of Reporting Person* Szela Mary T				On	Issuer Name and Ticker or Trading Symbol Omega Therapeutics, Inc. [OMGA] Date of Earliest Transaction (Month/Day/Year)							(Ch	Relationship eck all appli X Directo Officer	cable)	g Pers	son(s) to Iss 10% Ov Other (s	ner	
(Last)	(F	irst)	(Middle)		06/0	06/07/2023								below)			below)	
C/O OMEGA THERAPEUTICS, INC.				4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
140 FIRST STREET, SUITE 501														ine) X Form filed by One Reporting Person				
(Street)	IDGE M	·A	02141												iled by More than One Reporting			
					- Ru	Rule 10b5-1(c) Transaction Indication												
(City)	(S	tate)	(Zip)			Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See In:						ant to a con ee Instructi	contract, instruction or written plan that is intended to ruction 10.					
		Tabl	lo I. No	n Doriv	rativo	500	viritio	- A o	auirod D	icr	ocod o	of or Bo	noficial	ly Ownor	٠			
1 Title of	Coourity (Inc		ie i - ivoi	2. Trans		tive Securities Acquired, Disposed of, or Benefi										unorchin .	7. Nature	
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Execution Date,			Transaction Disposed Of (D) Code (Instr. 5)			es Acquired (A) or Of (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following Reported		Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership		
								Code	v	Amount	(A) o	Price	Transac (Instr. 3	tion(s)			(Instr. 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)	rivative Conversion Date Execution Date, Curity or Exercise (Month/Day/Year) if any				ransaction of ode (Instr. Derivative			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)	у	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		opiration	Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$8.39	06/07/2023			A		18,118		(1)	06	5/06/2033	Common Stock	18,118	\$0.00	18,118		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.

Remarks:

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

06/09/2023

** 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.