FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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on, D.C. 20549		OMB A
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OIVID APPROVAL								
OMB Number:	3235-0287							
Estimated average burd	en							
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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* SCHADE CHRISTIAN S				2. Issuer Name and Ticker or Trading Symbol Omega Therapeutics, Inc. [OMGA]								ck all applica	itionship of Reporting Pers all applicable) Director		on(s) to Issu 10% Ow			
(Last)	(F	rirst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/07/2024							Officer (below)	give title		Other (s below)	pecify		
C/O OMEGA THERAPEUTICS, INC.				4. If Amendment, Date of Original Filed (Month/Day/Year)						6. In	6. Individual or Joint/Group Filing (Check Applicable							
140 FIRST STREET, SUITE 501												Line) X Form filed by One Reporting Person						
(Street)													Form filed by More than One Reporting					
CAMBR	IDGE M	ſΑ	02141										Person					
-					Rule	e 10b5-	1(c)	Transa	ctio	n Indi	cation							
(City)	(8	State)	(Zip)				(-)											
(3,	, -	,	(),			Check this box to indicate that a transaction was made pursuant to a the affirmative defense conditions of Rule 10b5-1(c). See Instruction												
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3) 2. Trans Date (Month/I			action 2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr.		ities Acquired (A) or d Of (D) (Instr. 3, 4 and 5		Beneficia Owned Fo	Form ly (D) or		: Direct I Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership					
									v .	Amount	(A) o (D)	r Price	Reported Transacti (Instr. 3 a			"	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)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any		Co	ransaction Derivative Securities		/e es d (A) esed estr.	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)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
				Code V (A) (D) Exercisable Date Title Amount or Number of Shares		on(s)												
Stock Option (Right to Buy)	\$3.59	02/07/2024		A	A	512,848		(1)	02/	/06/2034	Common Stock	512,848	\$0.00	512,84	48	D		

Explanation of Responses:

1. The option vested and became exercisable as to 14.28% of the underlying shares on February 7, 2024 and vests and will become exercisable in thirty-six (36) substantially equal monthly installments thereafter, such that the option shall be fully vested and exercisable on February 7, 2027, subject to the Reporting Person's continued service on the Issuer's Board of Directors through each such vesting date.

/s/ Barbara Chan as Attorneyin-Fact for Christian S. Schade

02/09/2024

** 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.