Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-028								
Estimated average burden								
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Name and Address of Reporting Person*     Sawhney Roger					2. Issuer Name <b>and</b> Ticker or Trading Symbol Omega Therapeutics, Inc. [OMGA]									Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Sawiiii	ey Kuge	=						-1	, i		-	-			Directo			10% Ow	· I	
													- 2	Officer below)	(give title		Other (s below)	pecify		
(Last)	(	First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)									,		ocial	,			
C/O OM	EGA THE	RAPEUTICS, IN	IC.		03/09/2022								Chief Financial Officer							
20 ACO	RN PARK	DRIVE																		
20 ACORN PARK DRIVE					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. In	6. Individual or Joint/Group Filing (Check Applicable						
(Street)					4. II Amendment, Date of Original Flied (Month/Day/Teal)									Line)						
CAMBR	IDCE I	ИA	02140											2	Form f	iled by One	Repo	rting Persor	ո	
CAMBR	IDGE I	VIA	02140												Form filed by More than One Reporting					
-															Persor	1				
(City)	(	State)	(Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
4	0			2. Transac		_			<del>-</del>	,	<del>-</del>						6.0		7. Nature	
1. Title of	Security (In	str. 3)		2. Transac Date	Execution Da						4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			A) or B, 4 and	5. Amou Securitie	es Form		n: Direct	of Indirect	
(Month/i					ıy/Ye		r) if any (Month/Day/Year		Code (Instr.   5)					Beneficially Owned Following			Beneficial Ownership			
									"   "		40			Reported	d J   ''`	(,, (		(Instr. 4)		
									Code	۱v	Amount (A) or (D)		Price	Transaction(s) (Instr. 3 and 4)						
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
											converti				Omica					
1. Title of	2.	3. Transaction	3A. Deemed	4.			5. Numl	ner	6. Date F	xerci	sable and	7. Title a	nd A	mount	8. Price of	9. Number	of	10.	11. Nature	
Derivative	Conversion	Date	Execution Da	ate, Tra	ransaction		on of		Expiration Date			of Secu	ities	ount	Derivative	derivative	.	Ownership	of Indirect	
Security or Exercise (Month/Day/Year) if any (Instr. 3) Price of (Month/Day/Year) (Month/Day/Year)											Underly Derivati		curity	Security (Instr. 5)	Securities Beneficially		Form: Direct (D)	Beneficial Ownership		
Derivative Security							Acquired (Instr. 3 and 4) (A) or Disposed							)	,	Owned Following		or Indirect (Ins	(Instr. 4)	
																Reported		(1) (111501. 4)		
						of (D) (Instr. 3, 4 and 5)										Transaction(s) (Instr. 4)	n(s)			
				<del>-                                     </del>					Δm		mount									
													or	.						
									Date		Expiration		Ni   of	umber						
				Co	de	٧	(A)	(D)	Exercisa		Date	Title		nares						
Option (Right to	\$10.34	03/09/2022					60,000		(1)		03/08/2032	Commo	1 60	0.000	\$0.00	60.000		D		
Buy)							,					Stock		-,	*****	25,300		-		

## **Explanation of Responses:**

1. The options vest and become exercisable with respect to 25% of the underlying shares on March 9, 2023 and in equal quarterly installments thereafter such that the option will become fully vested and exercisable on March 9, 2026, subject to the Reporting Person's continued service to the Issuer through each vesting date.

## Remarks:

/s/ Barbara Chan as Attorneyin-fact for Roger Sawhney

03/11/2022

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).