## FORM 4

## **UNITED ST**

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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	OMB Number:	3235-0287								
	Estimated average burden									
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

IIISIIUC	1011 10.																	
Name and Address of Reporting Person*     Nelson Jennifer Ann					2. Issuer Name and Ticker or Trading Symbol Omega Therapeutics, Inc. [ OMGA ]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Neison Jennier Ann													Directo			10% Ow	· I	
													Delow)	(give title		Other (sp	pecity	
(Last)	(F	First)	(Middle)				Trans	action (Mo	nth/Da	ay/Year)			Chief Scientific Officer					
C/O OM	EGA THE	RAPEUTICS, IN	IC.		11/22/2024							Cinci scientific Officei						
140 FIRST STREET, SUITE 501																		
				[	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. In	6. Individual or Joint/Group Filing (Check Applicable						
(Street)					and an analytical years of original rines (months buy) really							Line)						
CAMBR	IDGE M	ſΑ	02141									[	Form filed by One Reporting Person					
Crivibi	IDOL II		02111										Form filed by More than One Reporting					
(6)			( <del>-</del> )										Person					
(City)	(8	State)	(Zip)															
		Та	ble I - Non-	-Derivat	ive Se	ecuritie	s Ac	quired,	Disp	osed o	f, or Be	neficially	Owned					
1. Title of	Security (Ins	tr. 3)		2. Transact				ed (A) or	or 5. Amount of				. Nature of					
Date (Month/I				Date (Month/Day	Execution Date, Transaction Disposed Of (D) (Instr. 3, 4 or Code (Instr. 2)			tr. 3, 4 and 5	Securities Beneficia		Form: Direct (D) or Indirect		Indirect Beneficial					
				(Month/Day/Year) 8)					Owned Following (I) (Ir				Ownership Instr. 4)					
							Code	v	Amount	nount (A) or Pr		Transacti	ransaction(s)		Ι,	111501.4)		
					Code V Amount (D) Pr				11100	(Instr. 3 and 4)								
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
								, option										
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any		Code	saction (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)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
												Amount		(Instr. 4)	` `''			
				Code	,   <sub>v</sub>	(A)	(D)	Date Exercisabl		xpiration ate	Title	Number of Shares						
Stock					+	<del> </del>	<u> </u>		+						+			
Option (Right to	\$0.786	11/22/2024		A		110,000		(1)	11	1/21/2034	Common Stock	110,000	\$0	110,00	00	D		
Buy)													I				1	

## **Explanation of Responses:**

1. The option vests and becomes exercisable with respect to 25% of the underlying shares on November 15, 2025 and in twelve (12) equal quarterly installments thereafter such that the option will become fully vested and exercisable on November 15, 2028, subject to the Reporting Person's continued service to the Issuer through each such vesting date.

11/26/2024

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.