FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB	APPRO	)VAI
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OMB Number:	3235-0104
Estimated average burden	
hours per response:	0.5

6. Nature of Indirect Beneficial Ownership (Instr. 5)

5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)

4. Conversion or Exercise Price of Derivative Security

Amount or Number

of Shares

# INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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*  RA CAPITAL MANAGEMENT, L.P.		2. Date of Event Requiring Statement (Month/Day/Year) 03/21/2024	3. Issuer Name and Ticker or Trading Symbol LENZ Therapeutics, Inc. [ LENZ ]					
(Last) 200 BERKELE	(First) Y STREET, 18TI	(Middle) H FLOOR		Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner     Officer (give title below) Other (specify below)			nendment, Date of Original Filed h/Day/Year)	
(Street) BOSTON (City)	MA (State)	02116 (Zip)						vidual or Joint/Group Filing (Check able Line) Form filed by One Reporting Person Form filed by More than One Reporting Person

#### Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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# Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Title

3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)

		(e.	g., puts, ca	lls, warrai
1. Title of Derivative	e Security (Instr. 4)		2. Date Exerc Expiration Day/ (Month/Day/	ate
			Date Exercisable	Expiration Date
1	ss of Reporting Person*	<u>P.</u>		
(Last) 200 BERKELEY	(First) / STREET, 18TH FLOOR	(Middle)		
(Street) BOSTON	MA	02116		
(City)	(State)	(Zip)		
1	ealthcare Fund LP			
(Last) 200 BERKELEY	(First) Y STREET, 18TH FLOOR	(Middle)		
(Street) BOSTON	MA	02116		
(City)	(State)	(Zip)		
I	exus Fund II, L.P.			
(Last) 200 BERKELEY	(First) / STREET, 18TH FLOOR	(Middle)		
(Street) BOSTON	MA	02116		
(City)	(State)	(Zip)		
1. Name and Addres Kolchinsky P	s of Reporting Person* eter			
200 BERKELEY	(First) AL MANAGEMENT, L.P. 7 STREET, 18TH FLOOR	(Middle)		
(Street)				l

BOSTON	MA	02116			
(City)	(State)	(Zip)			
1. Name and Address of Reporting Person* Shah Rajeev M.					
l	(First) MANAGEMENT, L.P. TREET, 18TH FLOOR	(Middle)			
(Street) BOSTON	MA	02116			
(City)	(State)	(Zip)			

Explanation of Responses:

## Remarks:

Dr. Zach Scheiner, a Principal of RA Capital Management, L.P., serves on the Issuer's board of directors. No securities are beneficially owned.

No securities are beneficially owned.

/s/ Peter Kolchinsky, Manager of RA Capital Management, L.P.	03/25/2024
/s/ Peter Kolchinsky, Manager of RA Capital Healthcare Fund GP, LLC the General Partner of RA Capital Healthcare Fund, L.P.	03/25/2024
/s/ Peter Kolchinsky, Manager of RA Capital Nexus Fund II GP, LLC the General Partner of RA Capital Nexus Fund II, L.P.	03/25/2024
/s/ Peter Kolchinsky, individually	03/25/2024
/s/ Rajeev Shah, individually	03/25/2024
** 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 5 (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).