52ND FLOOR

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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ashington,	D.C.	20549

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden 0.5 hours per response:

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					or S	Sectio	n 30(h)	of the	e Investme	ent C	ompany Ac	t of 1940								
Name and Address of Reporting Person* Chen Bihua					2. Issuer Name and Ticker or Trading Symbol Biomea Fusion, Inc. [BMEA]								Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner							
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 06/14/2023								Office below)	r (give tit)	le			ecify	
C/O CORMORANT ASSET MANAGEMENT, LP 200 CLARENDON STREET, 52ND FLOOR				4. If	If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person															
(Street) BOSTON MA 02116				Ru	X Form filed by More than One Reporting Person Rule 10b5-1(c) Transaction Indication															
(City) (State) (Zip)					Chec	k this bo	x to in	dicate that	a trar		made pursu	ant to a co	ntract, instruc tion 10.	tion or wr	itten plan	that is in	tende	d to		
		Tabl	e I - N	on-Deriv	/ative	Sec	uritie	s Ad	cquired	, Di	sposed (of, or Be	neficia	lly Owne	d					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year					on 2A. Deemed Execution Date,			Transaction Disposed C Code (Instr. 5)		ies Acquired (A) or Of (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A) or (D)	Price	Transactio (Instr. 3 an						
Common	Common Stock												3,570,872		2 I		See Footnotes ⁽¹⁾			
		Т	able II								oosed of converti			y Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)	4. Transac Code (I 8)		5. Nun of Deriva Securi Acquii (A) or Dispos of (D) (Instr. and 5)	itive ities red sed 3, 4	6. Date E: Expiratio (Month/D	n Dat		7. Title an Amount o Securities Underlyin Derivative (Instr. 3 ar	f g Security	Derivative Security (Instr. 5) Bene Follo Repo		Number of crivative scurities eneficially whed or lnc (l) (ln energy ene		(D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares							
Stock Option (right to buy)	\$17								(3)		04/14/2031	Common Stock	28,911		28,	911	D ⁽⁴⁾)		
Stock Option (right to buy)	\$10.2								(5)		06/21/2032	Common Stock	23,867		23,	867	D ⁽⁴⁾)		
Stock Option (right to buy)	\$38.9	06/14/2023			A		6,989		(5)		06/13/2033	Common Stock	6,989	\$0	6,9	989	D ⁽⁴⁾)		
1. Name a <u>Chen F</u>		f Reporting Person					,													
		(First) Γ ASSET MANA STREET, 52NI	AGEMI																	
(Street)	N	MA	02	2116																
(City) (State) (Zip)																				
		f Reporting Person' oal Healthcare		er Func	<u>l, LP</u>															
(Last) (First) (Middle) 200 CLARENDON STREET					_															

(Street) BOSTON	MA	02116						
BOSTON	IVIA	02110						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person*								
Cormorant Private Healthcare Fund III LP								
(Last)	(First)	(Middle)						
200 CLARENDON STREET								
52ND FLOOR								
(Street)								
BOSTON	MA	02116						
(City)	(State)	(Zip)						
Name and Address of Reporting Person*								
Cormorant Asset Management, LP								
(Last)	(First)	(Middle)						
200 CLARENDON STREET								
52ND FLOOR								
(Street)								
BOSTON	MA	02116						
(City)	(State)	(Zip)						

Explanation of Responses:

- 1. Shares reported herein are held by Cormorant Global Healthcare Master Fund, LP (the "Master Fund"), Cormorant Private Healthcare Fund III, LP (the "Fund III"), and a managed account (the "Account"). Cormorant Asset Management, LP ("Cormorant") serves as the investment manager of the Master Fund, Fund III, and the Account. Bihua Chen serves as manager of the general partner of Cormorant. Each of the Reporting Persons disclaims beneficial ownership of the shares reported herein except to the extent of its or her pecuniary interest therein, and the filing of this Form 4 shall not be construed as an admission that any of the Reporting Persons is the beneficial owner of any such shares for purposes of Section 16(a) of the Securities Exchange Act of 1934 or for any other purpose.
- 2. Represents (i) 1,795,928 shares of Common Stock held by the Master Fund, (ii) 1,717,232 shares of Common Stock held by Fund III, and (iii) 57,712 shares of Common Stock held by the Account.
- 3. The options were granted with a 36 month vesting period, vesting monthly.
- 4. Stock options granted to Bihua Chen, in her capacity as a director of the Issuer.
- 5. The options vest in full upon the earlier of (i) the one-year anniversary of the date of grant or (ii) immediately prior to the annual meeting of the Issuer's stockholders that occurs following the date of grant, subject to Ms. Chen's continuing service to the Issuer through such vesting date.

/s/ Bihua Chen 06/16/2023 /s/ CORMORANT GLOBAL HEALTHCARE MASTER FUND, LP, By: Cormorant 06/16/2023 Global Healthcare GP, LLC, its General Partner By: Bihua Chen, Managing Member /s/ CORMORANT PRIVATE HEALTHCARE FUND III, LP **By: Cormorant Private** 06/16/2023 Healthcare GP III, LLC, its General Partner By: Bihua Chen, Managing Member /s/ CORMORANT ASSET MANAGEMENT, LP By: Cormorant Asset Management 06/16/2023 GP, LLC, its General Partner, By: Bihua Chen, Managing **Member** ** 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.