FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-02 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| 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).

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* Erdtmann Rainer M | | | | | 2. Issuer Name and Ticker or Trading Symbol Biomea Fusion, Inc. [BMEA] | | | | | (Che | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|--|---|--|--|-----------------------------------|---|-----------|---|--|------------------------------|---|---|---|--|---|--|---------------------------------------|
| (Last) C/O BIO | (F MEA FUSI | irst) ON, INC. | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 01/17/2024 | | | | |) | below) | er (give title w) President and | | Other (specify below) | | |
| 900 MIDDLEFIELD ROAD, 4TH FLOOR | | | | - | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) REDWO | OD C. | A | 94063 | | | | | | | |) | | ed by More | • | ting Person One Reporti | ng |
| (City) | (S | tate) | (Zip) | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | satisfy | | | | |
| | | Та | ble I - Non | -Derivat | ive Se | ecurities | s Ac | quired, D | isposed o | of, or Be | neficially | Owned | | | | |
| Date | | | | 2. Transact Date (Month/Day | Execution Date | | Code (Instr. | | ed (A) or str. 3, 4 and 5 | 5. Amoun Securities Beneficia Owned Fo | es Formally (D) (Following (I) (I | | Direct Indirect Etr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | Code | Amount | (A) or (D) Price | | Transacti | ansaction(s) astr. 3 and 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Dat if any (Month/Day/Ye | Code | Transaction Code (Instr. | | er of e s I (A) sed str. 5) | 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) | Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | | | |
| Stock Option (Right to Buy) | \$14.44 | 01/17/2024 | | A | | 135,700 | | (1) | 01/16/2034 | Common Stock | 135,700 | \$0.00 | 135,70 | 00 | D | |

Explanation of Responses:

1. The option shall vest and become exercisable in quarterly installments over four years, subject to the Reporting Person's continued service to the Issuer through each vesting date.

/s/ Franco Valle as Attorney-in-01/18/2024 fact for Rainer M. Erdtmann

** 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.