FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| 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

| 1. Name and Address of Reporting Person* <u>Ezekowitz Alan</u> | | | | <u>Fu</u> | Issuer Name and Ticker or Trading Symbol Fulcrum Therapeutics, Inc. [FULC] Date of Earliest Transaction (Month/Day/Year) | | | | | | (Che | eck all applic | rable) | Person(s) to Iss | ner | |
|--|---|--|--|---------------------------------------|---|------------|--|------------------|--|---|---|---|---|--|---|--|
| (Last) | (F | rst) | (Middle) | | | 06/17/2024 | | | | | | below) | (give title | Other (s below) | pecity | |
| C/O FULCRUM THERAPEUTICS, INC. 26 LANDSDOWNE STREET | | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person | | | | |
| (Street) CAMBRIDGE MA 02139 | | | D | Rule 10b5-1(c) Transaction Indication | | | | | | | | Form filed by More than One Reporting Person | | | | |
| (City) (State) (Zip) | | | 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. | | | | | | | | | | | | | |
| | | Tab | le I - Non | -Deri | vativ | e Sec | curities | Ac | quired, Di | sposed o | f, or Be | neficiall | y Owned | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Execution Date, | | Date, | Code (Instr. 5) | | | 5. Amour Securitie Beneficia Owned F Reported | s Feally (Dollowing (I) | orm: Direct)) or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | Code V | Amount | (A) or (D) Price | | Transact (Instr. 3 a | ion(s) | | | | | |
| 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 Di if any (Month/Day/ | ate, | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 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) (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Option (right to buy) | \$7 | 06/17/2024 | | | A | | 30,000 | | (1) | 06/16/2034 | Common Stock | 30,000 | \$0.00 | 30,000 | D | |

Explanation of Responses:

1. This option was granted on June 17, 2024 and is scheduled to vest with respect to all shares on the first anniversary of the grant date or, if earlier, immediately prior to the first annual meeting of stockholders occurring after the grant date, subject to continued service.

> /s/ Greg Tourangeau, as attorney-in-fact for Alan

06/18/2024

Ezekowitz

** 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.