SEC For	rm 4 FORM	4	UNITEI) STA	TES S	SECURITIE	S AN	DE	XCHAN	NGE	E CO	MMIS	SION						
	-	•••••	TED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549										OMB APPROVAL						
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).			STA		EWENT OF CHANGES IN BENEFICIAL OWNERSHIP												3235-0287 n 0.5		
1. Name and Address of Reporting Person [*] Sapir Alex						r Name and Ticker um Therapeu			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) value of the output of the										
(Last) C/O FUI	(Last) (First) (Middle) C/O FULCRUM THERAPEUTICS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 07/03/2024								Officer (give title Other (specify below) below) See Remarks					
26 LANDSDOWNE STREET					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) CAMBR	(Street) CAMBRIDGE MA 02139													Form filed by More than One Reporting Person					
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication Image: 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.													
		Т	able I - No	n-Deriv	ative S	ecurities Acq	uired,	, Dis	posed of	f, or	Bene	ficially	Owned						
Da				2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			A) or 8, 4 and 5)	or 5. Amount of 4 and 5) Securities Beneficially Owned Follo Reported		Form: D (D) or Ir		7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 07/02					/2024		М		150,000	150,000 ⁽¹⁾ A		\$3.27	193,	193,360		D			
						curities Acqu IIs, warrants,							wned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Conversion Date Execution Date or Exercise (Month/Day/Year) if any (Month/Day//		Code (Instr.		Derivative	Expiration Date of (Month/Day/Year) U				itle and a securities lerlying ivative S tr. 3 and	s ecurity	8. Price of Derivative Security (Instr. 5)	Derivative derivative Security Securitie		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficia Ownershi (Instr. 4)		

	(Instr. 3́)	Price of Derivative Security			8)		Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				Derivative Security (Instr. 3 and 4)		(Instr. 5)	Beneficially Owned Following Reported Transaction(s)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)		
	Stock option - Right to Buy	\$3.27	07/03/2024		М			150,000 ⁽¹⁾	(2)	05/11/2033	Common Stock	150,000	\$0.00	2,280,400	D	

Explanation of Responses:

1. This transaction involved a cash exercise of a stock option without a subsequent sale of the underlying shares of common stock.

2. This patient of the shares underlying the grant shall vest in equal quarterly installments over the following three years until the fourth anniversary of the vesting commencement date, subject to continued service.

Remarks:

President & Chief Executive Officer

/s/ Greg Tourangeau as attorneyin-fact for Alex Sapir 07/08/2024

** 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.