SEC Form 4														
FORM 4	UNITED 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).	STAT	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHI Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940									OMB Number: 3235-0287 Estimated average burden hours per response: 0.5			
1. Name and Address of Reporting Person Robertson Jenny		r Name and Ticker Therapeutic				5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner								
(Last) (First) C/O LEXEO THERAPEUTICS, IN	(Middle) 3. Date of Earliest Transaction (Month/Day/Year) X Officer (give tit below) INC. 01/05/2024 Chief Legal							title Other (specify below) al and Admin Officer						
345 PARK AVENUE SOUTH, FLC		4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) NEW YORK NY	RK NY 10010								Form filed by More than One Reporting Person					
(City) (State)	(Zip)		Rule	10b5-1(c) T	rans	actio	on Indicat	ion						
			X Chi the	eck this box to indica affirmative defense	te that a condition	transa s of Ru	ction was made p ule 10b5-1(c). Se	oursuant t e Instructi	o a contract ion 10.	, instruction or w	ritten pla	an that is intended	d to satisfy	
Ta	ible I - Nor	n-Deriva	ative S	ecurities Acq	uired,	Disp	oosed of, o	r Bene	ficially	Owned				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities A Disposed Of (I			5. Amount of Securities Beneficially Owned Follow	F(6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
					Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock		01/05/	2024		Α		23,750 ⁽¹⁾	Α	\$ <mark>0</mark>	23,750		D		
				curities Acqui ls. warrants.						wned				

1. Title of Derivative Security (Instr. 3)	e Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			Transaction Code (Instr. 8) Acqu or Dis		rities (Month/Day/Ye ired (A) sposed) (Instr.		ate of Securi		g Security	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)	11. Nature of Indirect 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)	\$14.48	01/05/2024		A		142,500		(2)	01/04/2034	Common Stock	142,500	\$0	142,500	D	

Explanation of Responses:

1. The reported securities are restricted stock units ("RSUs"). Each RSU represents a contingent right to receive one share of Common Stock of the Issuer. Twenty-five percent (25%) of the RSUs shall vest on February 15, 2025, and 1/16th of the RSUs shall vest in quarterly installments thereafter on the Issuer's standard quarterly vesting dates, subject to the Reporting Person's continued service through each applicable vesting date.

2. 25% of the shares underlying the option shall vest on January 5, 2025, and 1/48th of the shares underlying the option shall vest in monthly installments thereafter, subject to the Reporting Person's continuous service.



** Signature of Reporting Person

01/09/2024

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.