SEC Form 4 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION																				
C Section	this box if no lo n 16. Form 4 or ions may contil	STA	ſEME	Washington, D.C. 20549 NT OF CHANGES IN BENEFICIAL OWNERSHIP									OMB Estim	OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5						
	tion 1(b).	d purs or	suant Sect	to Sectior ion 30(h) o	n 16(a of the	a) of the Se Investmen	curiti t Cor	es Exchan npany Act	34		Tiours	perres	sponse.	0.5						
1. Name and Address of Reporting Person [*] Harnest Simon						2. Issuer Name and Ticker or Trading Symbol <u>Metagenomi, Inc.</u> [MGX]									eck all applie Directo	cable) or	10% O		wner	
(Last)	(Last) (First) (Middle) C/O METAGENOMI, INC.					3. Date of Earliest Transaction (Month/Day/Year) 04/01/2024									X Officer (give title Other (specify below) See Remarks				specify	
5959 HORTON STREET, 7TH FLOOR					4.1	lf Ame	endment, I	Date	of Original	Filed	d (Month/Day/Year)				Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person					
(Street) EMERY	Street) EMERYVILLE CA 94608					Form filed by More than One R Person										0				
(City) (State) (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.														
		Tak		-Doriv			-													
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/D)					action	ction 2A. Deemed Execution Date,			3. Transaction Code (Instr. 5)		4. Securit Disposed	ities Acquired (A) o d Of (D) (Instr. 3, 4 a		d (A) or	5. Amou Securitie Benefici Owned F	nt of es ally following	Form (D) o	vnership n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount		(A) or (D)	Price	rice Reported Transaction (Instr. 3 and				(Instr. 4)	
Common Stock 04/01/					/202	2024			Α		11,552	2 ⁽¹⁾ A \$		\$0.0	0 122	122,664		D		
			Table II -						uired, D s, option						Owned					
1. Title of Derivative Security (Instr. 3) 22. 3. Transaction Derivesion or Exercise Price of Derivative Security					Transa Code (I		of		Expiration	6. Date Exercisable and Expiration Date (Month/Day/Year)			d 7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title		Amount or Number of Shares						

 Stock Option (Right to Buy)
 \$10.82
 04/01/2024
 A
 V
 (A)
 (D)
 Date Exprisable
 Expiration Date
 Title

Explanation of Responses:

1. These shares represent restricted stock units ("RSUs"). 25% of the RSUs shall vest on June 5, 2025, with the remainder vesting in 12 equal quarterly installments thereafter, subject to the Reporting Person's continued service with the Issuer on each such vesting date.

2. 25% of the shares subject to this option shall vest and become exercisable on April 1, 2025, with the remainder vesting in 36 equal monthly installments thereafter, subject to the Reporting Person's continued service with the Issuer on each such vesting date.

Remarks:

Title: Chief Investment Officer and Senior Vice President of Strategy

/s/ Matthew L. Wein, attorneyin-fact 04/03/2024

\$<mark>0</mark>

48,575

D

** Signature of Reporting Person Date

48,575

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.