FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB APPROVAL OMB Number: 3235-0287

Estimated average burden 0.5 hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Meeter Dalen						2. Issuer Name and Ticker or Trading Symbol Singular Genomics Systems, Inc. [OMIC]] (CI	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) 3010 SCIENCE PARK ROAD						3. Date of Earliest Transaction (Month/Day/Year) 09/15/2024								Officer (give title Other (specify below) Chief Financial Officer					
(Street) SAN DIEGO CA 92121 (City) (State) (Zip)				4. li	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person Person						
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Trans Date (Months)					ction 2A. Deemed Execution Date, if any (Month/Day/Year)			Transaction Dispose Code (Instr. 5)		rities Acquired (A) or ed Of (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	V	Amount	(A) o (D)	r Price	Transac	Transaction(s) (Instr. 3 and 4)		<u> </u>		
Common Stock 09/1:					5/2024	2024		M ⁽¹⁾		209	209 A		8,1	8,193(2)					
		Т							uired, D , option					y Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		n of		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 derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	ly Owi Fori Orie or li (I) (I	nership n: ct (D) ndirect nstr. 4)	Beneficial Ownership	
					Code	v	(A) (D		Date Exercisable		xpiration ate	Amour or Number of Shares							
Restricted Stock Units	(3)	09/15/2024			М			209	(4)		(4)	Common Stock	209	(3)	2,083 ⁽²	2)	D		

Explanation of Responses:

- 1. Represents shares of Common Stock issued pursuant to settlement of vested Restricted Stock Units ("RSUs"). Each RSU represents a contingent right to receive one share of the Issuer's Common Stock.
- 2. On June 26, 2024, the Issuer effected a 1-for-30 reverse stock split of its common stock (the "Reverse Stock Split"). The amount of securities reported on this Form 4 has been adjusted to reflect the Reverse Stock Split.
- 3. Each RSU represents a contingent right to receive one share of the Issuer's Common Stock.
- 4. The RSUs vest in 16 equal quarterly installments over four years measured from March 15, 2023.

/s/ Dalen Meeter 09/17/2024

** 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.