FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

| 1                        |               |  |  |  |  |  |  |  |
|--------------------------|---------------|--|--|--|--|--|--|--|
| OMB APPROVAL             |               |  |  |  |  |  |  |  |
| OMB Number:              | 3235-<br>0104 |  |  |  |  |  |  |  |
| Estimated average burden |               |  |  |  |  |  |  |  |
| hours per response:      | 0.5           |  |  |  |  |  |  |  |

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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>Alexandria Venture</u> <u>Investments, LLC</u>                         | 2. Date o<br>Requiring<br>(Month/D<br>05/26/2  | g Statement<br>ay/Year)                            | 3. Issuer Name and Ticker or Trading Symbol Singular Genomics Systems, Inc. [ OMIC ]                       |   |                                   |   |  |  |  |  |
|--|--|--|--|---|-----------------------------------|---|--|--|--|--|
| (Last) (First) (Middle) 26 NORTH EUCLID AVENUE   | _  |  | 4. Relationship of Report<br>Issuer<br>(Check all applicable)<br>Director<br>Officer (give<br>title below) | ting P  | 10% Ov<br>Other (s                | vner  | 5. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting |  |  |  |
| (Street) PASADENA CA 91101 (City) (State) (Zip)  | _  |  |  |   | ,                                 |   | X  | Person                                 | y More than One                                    |  |
| Table I - Non-Derivative Securities Beneficially Owned   |  |  |  |   |                                   |   |  |  |  |  |
| 1. Title of Security (Instr. 4)  |  | Beneficially Owned (Instr. Form: D<br>4) (D) or Ir |  | 3. Owner<br>Form: Di<br>(D) or Ind<br>(I) (Instr. | irect Ownership (Instr. 5) direct |   |  |  |  |  |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |  |  |   |                                   |   |  |  |  |  |
| 1. Title of Derivative Security (Instr. 4)   | rivative Security (Instr. 4)  2. Date Exercisable and Expiration Date (Month/Day/Year) |  | Underlying Derivative Security (Instr. 4)  |   |                                   | 4.<br>Conversion<br>or Exercise<br>Price of |  | 5.<br>Ownership<br>Form:<br>Direct (D) | 6. Nature of Indirect Beneficial Ownership (Instr. |  |
|  | Date<br>Exercisable  | Expiration<br>Date                                 | Title  | Nur   | ount or<br>nber of<br>ires        | or Derivative                               |  | or Indirect<br>(I) (Instr. 5)          | 5)   |  |
| Series A convertible preferred stock   | (1)  | (1)  | Common stock   | 1,7   | 96,684                            | (1)   | )  | D                                      |  |  |
| Series B convertible preferred stock   | (1)  | (1)  | Common stock   | 84  | 9,301                             | (1)   |  | D                                      |  |  |

## **Explanation of Responses:**

1. The preferred stock is convertible into the Issuer's common stock at a ratio of 1 share of preferred stock to 1 share of common stock at the holder's election and has no expiration date. The preferred stock will automatically convert into common stock upon the closing of the Issuer's initial public offering, for no additional consideration.

## Remarks:

EQUITIES, INC., a Maryland corporation,

05/26/2021

managing member By: /s/ Dean A. Shigenaga Chief **Financial Officer** 

\*\* Signature of Reporting

Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 5 (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.