FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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Washington	DC 2	0549		

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

0.5

hours per response:

STATEMENT	OF CHANGES	S IN BENEFICIAL	OWNERSHIP

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 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1(0). 0	ee instruction i	<u> </u>																	
Name and Address of Reporting Person* Farid Adrienne				2. Issuer Name and Ticker or Trading Symbol Century Therapeutics, Inc. [IPSC]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Fand Adrienne						•							Direc			10% Ov			
,					<u> </u>										Office below	er (give title		Other (s	specify
(Last)	(Fir	st) (N	/liddle)					Trans	action (I	Month	/Day/Year)				Chief Operations Officer				
C/O CENTURY THERAPEUTICS, INC.				11/0	11/04/2024								шег орск	ations	Officer				
25 N 38TH STREET, 11TH FLOOR																			
				4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Ir	6. Individual or Joint/Group Filing (Check Applicable								
(Street)					1									Line	,				
, ,	ELPHIA P	A 1	9104		1								1	Form filed by One Reporting Person					
					1									Form filed by More than One Reporting Person					
(City)	(Sta	ate) (7	Zip)		1										1 6130	JII			
(Oity)	(00	(2	-iP <i>)</i>																
		Table	I - Noi	n-Deriva	tive S	Secu	rities	Acq	uired,	, Dis	posed of	, or E	3ene	eficia	lly Own	ed			
1. Title of Security (Instr. 3) 2. Transact														7. Nature					
				Date (Month/Da	Execution y/Year) if any		v	tion Date, Transac					3, 4 and	Benefi	cially			of Indirect Beneficial	
			,	(Month/Day/Year) 8)				Owned Follow Reported		(l) (ln		Ownership (Instr. 4)							
							Code	l _v	Amount	(A) (D)	or I	Price	Transa	Transaction(s) (Instr. 3 and 4)			(1110111. 4)		
											(0)			(instr	s and 4)				
Common	Stock			11/04/2	2024				S ⁽¹⁾		1,033	D)	\$1.22	7 13	5,130		D	
		Tal	مام اا ماد	Dorivati	Sc	Curit	tine /	V C C I I	irod [lien	osed of, o	or Bo	nof	icially	, Owno	d			
		iai									onvertib				y Owne	u			
1. Title of	2.				4.		5. Number		6. Date Exercisable					3. Price of			10.	11. Nature	
				on Date,	Transaction Code (Instr				Expiration Date (Month/Day/Year)			Amount of Securities			Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial
		(Day/Year)	8)			Securities		Underlyi			rlying		Instr. 5)	Beneficially Owned		Direct (D)	Ownership		
	Derivative Security						Acquired (A) or		Derivativ Security			rity (Ir	nstr.		Following		or Indirect (I) (Instr. 4)	(Instr. 4)	
									3 and 4)			l 4)			Reported Transaction(s)				
								(Instr. 3, 4								(Instr. 4)	(5)		
							and 5	"						_					
													Amo	ount					
									Data		Expiration		Nun	nber					
					Code	v	(A)	(D)	Date Exercis	able	Date	Title	Sha	res					

Explanation of Responses:

1. The sales reported on this Form 4 represent the number of shares required to be sold by the Reporting Person to cover tax withholding obligations in connection with the vesting of restricted stock units. Such sales were automatic and not at the discretion of the Reporting Person.

/s/ Douglas Carr, Attorney-in-**Fact**

11/05/2024

** 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.