FORM 4

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Washington, D.C. 20549

| NITED STATES SECURITIES AND EXCHANGE COMMISSION |
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OMB APPROVAL

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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

| Name and Address of Reporting Person* Conn Morgan | | | | | 2. Issuer Name and Ticker or Trading Symbol Century Therapeutics, Inc. [IPSC] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify | | | | | | |
|---|---|--|--|----------|---|------------|--|--|-------------------------------------|------------------|---|------------|---|--|--|--------|--|--|--|
| (Last) (First) (Middle) C/O CENTURY THERAPEUTICS, INC. 25 N 38TH STREET, 11TH FLOOR | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/14/2024 | | | | | | | | | Officer (give title Other (specify below) Chief Finanical Officer | | | | | |
| (Street) PHILADELPHIA PA 19104 (City) (State) (Zip) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line) | i. Individual or Joint/Group Filing (Check Applicable ine) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Та | ble I - Non- | -Derivat | ive S | ecuritie | s Ac | quired, l | Disp | osed o | f, or B | enefi | icially | Owned | | | | | |
| Date | | | | Date | e onth/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year | | Transaction Dispose Code (Instr. 5) | | rities Acquired (A) or ad Of (D) (Instr. 3, 4 a | | | 5. Amoun Securities Beneficia Owned Fo | s For ally (D) ollowing (I) (| | Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount | unt (A) o | | Price | Transaction(s) (Instr. 3 and 4) | | | | iiisti. 4) | |
| Common Stock ⁽¹⁾ 10/14 | | | | | 1/2024 | | Α | | 60,14 | 8 1 | 1 | \$0 | 60,148 | | | D | | | |
| | | | Table II - D | | | | | uired, Di , option | | | | | | 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 Dat if any (Month/Day/Ye | Code | saction (Instr. | Derivative | | 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 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) | | Date Exercisabl | | xpiration ate | Title | or Nur | ount mber Shares | | (Instr. 4) | ion(s) | | | |
| Stock Option (right to buy) | \$1.48 | 10/14/2024 | | A | | 360,890 | | (2) | 10 | 0/14/2034 | Commor Stock | 360 | 0,890 | \$0 | 360,89 | 90 | D | | |

Explanation of Responses:

1. Reflects the grant of restricted stock units ("RSUs"). Each RSU represents a contingent right to receive one share of Century Therapeutics, Inc.'s (the "Company's") common stock. The RSUs vest 25% on October 14, 2025, with the remaining 75% vesting on a quarterly basis for the three years thereafter, in each case subject the Reporting Person's continued service through the applicable vesting date. The RSUs will be settled on each applicable vesting date in shares of the Company's common stock.

2. The option vests 25% on October 14, 2025, with the remaining 75% vesting in 36 equal monthly installments, subject to the Reporting Person's continued service through each applicable vesting date.

/s/ Morgan Conn

10/16/2024

** 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.