FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-028							
Estimated average burden							
hours per response:	0.5						

STATEMENT OF CHANGES	N BENEFICIAL OWNERSHIP
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Sectio obligat	this box if no lo n 16. Form 4 or tions may conti tion 1(b).		STAT		led pu	irsuant	t to Sectio	n 16(a) of the Se Investmen	curiti	ies Exchan	ige Act	t of 19		HIP	Estim	Number ated ave per res	erage burde	3235-0287 n 0.5
1. Name and Address of Reporting Person [*] Ross Thomas M.				2. Issuer Name and Ticker or Trading Symbol <u>MAXCYTE, INC.</u> [MXCT]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) C/O MA	(Last) (First) (Middle) C/O MAXCYTE, INC.					3. Date of Earliest Transaction (Month/Day/Year) 03/15/2024									X Officer (give title Other (specify below) below) EVP, GLOBAL SALES & MARKETING				
9713 KEY WEST AVENUE, SUITE 400				_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) ROCKVILLE MD 20850															Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(5	State)	(Zip)		Rule 10b5-1(c) Transaction Indication														
									icate that a tr se conditions						ct, instruction	or written p	lan that	is intended	o satisfy
		Та	ble I - Nor	n-Deriv	vativ	ve Se	curitie	s Ao	quired,	Dis	posed o	of, or	Ben	eficially	v Owned		4		
Date				nsaction h/Day/Year)		2A. Deemed Execution Date if any (Month/Day/Yea		Code (Instr					Beneficia Owned Fe	s Illy ollowing	Form	: Direct Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount (A) or (D) P		Price	Reported Transaction(s) (Instr. 3 and 4)					
Common	Common Stock 03/1				5/20	5/2024			Α		25,000	000 ⁽¹⁾ A		\$ <mark>0</mark>	25,	5,000		D	
			Table II - I (luired, D s, option						Owned				
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Security or Exercise (Month/Day/Year)		3A. Deemed Execution Da if any (Month/Day/Y	ate, Ti C	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exe Expiration (Month/Da	Date	ar) Of Se Deriv		7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivativ Securitie Beneficia Owned Following Reported Transact	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
			с	Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title		Amount or Number of Shares		(Instr. 4)				
Employee																			

Explanation of Responses:

\$4.31

Stock

Option

(right to buy)

1. These shares represent restricted stock units ("RSUs"). Each RSU represents a contingent right to receive one share of the Issuer's Common Stock. Twenty-five percent (25%) of the RSUs shall vest on March 15, 2025, and the remainder shall vest in three (3) equal annual installments thereafter, subject to the Reporting Person's continued service to the Issuer through each vesting date.

(2)

2. Twenty-five percent (25%) of the shares underlying this option shall vest on March 15, 2025, and the remainder shall vest in thirty-six (36) equal monthly installments thereafter, subject to the Reporting Person's continued service to the Issuer through each vesting date

> /s/ Katie Kazem, Attorney-in-03/19/2024 Fact

100,000

\$<mark>0</mark>

100,000

D

Common Stock

03/14/2034

** 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).

03/15/2024

** 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.

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