FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

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>Erck Stanley C</u>						2. Issuer Name and Ticker or Trading Symbol MAXCYTE, INC. [ MXCT ]								(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
(Last)	(F	First)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/11/2024										(give title		Other (s below)	pecify	
C/O MAXCYTE, INC. 9713 KEY WEST AVENUE, SUITE 400					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person						
(Street)	ILLE M	ID .	20850		L		101.5	4 ( )					Form filed by More than One Reporting Person							
(City) (State) (Zip)					R	Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Tab	le I - No	n-Deri	vativ	e Se	curities	s Ac	quired,	Dis	posed o	f, or	Ben	eficiall	y Owned					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (	Transaction Disposed Code (Instr.		ties Acquired (A) or d Of (D) (Instr. 3, 4 an			Benefici Owned F	es Fo ally (D Following (I)		r Indirect rstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)		Price	Reported Transactions (Instr. 3	tion(s)			(Instr. 4)	
Common	mmon Stock 06/11/				1/202	/2024			A		21,367 <sup>(1)(2)</sup> A		A	\$0	269	269,118		D		
		•	Table II -								osed of, convertil				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transa Code ( 8)				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 Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
				c	Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	1	Amount or Number of Shares						
Stock Option (right to buy)	\$4.68	06/11/2024			A		40,701		(2)	,	06/10/2034	Comn		40,701	\$0	40,701	ı	D		

## **Explanation of Responses:**

- 1. These shares represent restricted stock units ("RSUs"). Each RSU represents a contingent right to receive one share of the Issuer's Common Stock.
- 2. This annual grant was made pursuant to the Issuer's Equity Grant Policy for non-employee directors. The shares underlying this grant vest on June 11, 2025, subject to the reporting person's continuous service as of such vesting date.

/s/ Brian Leaf, Attorney-in-Fact 06/13/2024

\*\* 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.