FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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.

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>Johnston John Joseph</u>						2. Issuer Name and Ticker or Trading Symbol MAXCYTE, INC. [MXCT]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			vner		
	XCYTE, ÎN			3. Date of Earliest Transaction (Month/Day/Year) 10/28/2024								Officer (give title Other (specify below) below)				specify			
9713 KEY WEST AVENUE, SUITE 400						If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street) ROCKVILLE MD 20850														Line) Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)																
		Tab	le I - No	on-Deriv	/ative	Sec	urit	ies Ac	quired	, Di	sposed o	of, or Be	neficia	lly Owne	ed				
1. Title of Security (Instr. 3) 2. Transar Date (Month/Date)						Exe	A. Deemed xecution Date, any Month/Day/Year)		Transaction Disp			Securities Acquired (A) or posed Of (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Transa	ted action(s) 3 and 4)			(Instr. 4)	
Common Stock 10/28/20					2024)24		M ⁽¹⁾		3,000	A	\$2.92	6 1	14,950		D			
Common Stock 10/28/20					2024	024			S ⁽¹⁾		3,000	D	\$3.722	2(2) 14	11,950		D		
		Т	able II								oosed of converti			y Owned	I				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deer Execution if any (Month/E	n Date,	Code (In		ion of		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)		e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	Amount or Number of Shares						
Stock Option (right to buy)	\$2.926	10/28/2024			M ⁽¹⁾			3,000	(3)		07/14/2027	Common Stock	3,000	\$0	1,396	5	D		

Explanation of Responses:

- 1. The sales and option exercise reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on December 19, 2023.
- 2. The price reported is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$3.70 to \$3.74, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this
- 3. This option is fully vested and exercisable.

/s/ Brian Leaf, Attorney-in-

10/30/2024

Fact

** 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.