FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-0287									
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).

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* Mandell Art					- 3. [Issuer Name and Ticker or Trading Symbol MAXCYTE, INC. [MXCT] Date of Earliest Transaction (Month/Day/Year)									ck all applic Directo Officer	or (give title		10% Ov Other (s	vner	
(Last)	•	,	(Middle)		06	06/11/2024								below)			below)			
C/O MAXCYTE, INC.					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable							
9713 KEY WEST AVENUE, SUITE 400															Line) Form filed by One Reporting Person					
(Street)	ILLE N	ID	20850												Form f Persor		e than	One Repo	ting	
	TEEL IV		20050		- R	Rule 10b5-1(c) Transaction Indication														
(City) (State) (Zip)					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-Deriv	vativ	e Se	curities	s Ac	quired,	Dis	posed o	f, or B	ene	ficiall	/ Owned					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Execution Date,			Transaction Disposed Code (Instr.			ities Acquired (A) or d Of (D) (Instr. 3, 4 and			5. Amou Securitie Benefici Owned F Reported	Forn lly (D) o ollowing (I) (Ir		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
										v	Amount	(A) or (D)		Price	Transact (Instr. 3	ion(s)			(Instr. 4)	
Common Stock 06/11/2					1/202	/2024		A		21,367 ⁽¹⁾⁽²⁾ A		\$0	395	395,851		D				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
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,	Code (In		on 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)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
								$ \ $					0							
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	01	lumber f shares						
Stock					Coue		(A)	(5)	Exercisal.	,,6	-410	11116	+				\dashv			
Option (right to buy)	\$4.68	06/11/2024			A		40,701		(2)		06/10/2034	Commo Stock	ⁿ 4	0,701	\$0	40,701	l	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.