FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| OMB APPROVAL | |
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| OMB Number: | 3235-028 |
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| Estimated average bure | den |
| hours per response: | 0.9 |

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).

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

| See Ins | struction 10. | | | | | | | | | | | | | | | | | | | |
|--|--|---------------------------|-------------------------------|--------|--|---|--|------|-------------------|--|------------------|--|---|---|--|--|--|---|----------|--|
| 1. Name and Address of Reporting Person* Brams Matthew | | | | | 2. Issuer Name and Ticker or Trading Symbol Cingulate Inc. [CING] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | | |
| (Last) (First) (Middle) 1901 W. 47TH PLACE | | | | | 12/ | 3. Date of Earliest Transaction (Month/Day/Year) 12/31/2024 | | | | | | | | Officer (give title Other (specify below) EVP and Chief Medical Officer | | | | | | |
| (Street) KANSAS CITY KS 66205 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | |
| (City) | (S | tate) (| (Zip) | | | Person | | | | | | | | | | | | | | |
| | | Tab | le I - Non | -Deriv | ative | Se | curitie | s Ac | quired, | Dis | posed o | of, or Be | neficia | lly C | Owned | l | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution Date, | | | Code (Instr. 5) | | | | and Securitie Benefici | | es Form ially (D) of Following (I) (II | | n: Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) o | r Price | 1 | Transact (Instr. 3 a | ion(s) | | | ,msu. 4) | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date Execution Date, T Security or Exercise (Month/Day/Year) if any C | | | 4. Transa Code (I 8) | | n of E | | 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 (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | xpiration ate | Title | Amount or Number of Shares | | | | | | | |
| Stock Option (right to Buy) | \$4.93 | 12/31/2024 ⁽¹⁾ | | | Α | | 1,000 | | 12/31/202 | 4 1: | 2/31/2034 | Common Stock | 1,000 | | \$0 | 1,000 | | D | | |

Explanation of Responses:

1. The option was granted pursuant to the terms of Mr. Bram's Employment Agreement, as amended.

/s/ Shane J. Schaffer, Attorney-01/07/2025 in-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.