SEC I	Form 4
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

1. Name and Address of Reporting Person [*] Schaffer Shane J.					2. Issuer Name and Ticker or Trading Symbol Cingulate Inc. [CING]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Schaffe	er Shane .	<u>I.</u>		- I ⁻		inute ini	<u>•</u> • L						I Director	r		10% Ow	ner	
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/11/2024						Į.	Officer (give title below)			Other (s below)	pecify		
	47TH PLA	,	(madie)	!'	06/11/2	2024							Chief Executive Officer					
1901 W. 4/1H PLACE				F	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)				[·	F. II AIIR	enument, i	Date	Ji Oliyina	Filed		ly/Teal)	Line		oini/Group	Filing	(Check Appl	licable	
· /	S СІТУ К	S	66205										Form fi	led by One	Repo	rting Person		
,			00200									Form filed by More than One Reporting Person						
(City)	(5	State)	(Zip)	F	Rule 10b5-1(c) Transaction Indication						I							
							.(•)											
				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.														
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of S	Security (Ins	tr. 3)		2. Transact	ion	2A. Deem		3.		4. Securi	ties Acqu	red (A) or	5. Amour				. Nature of	
Date (Month/E			Date (Month/Day	/Year)	Execution Date if any (Month/Day/Yes		Code (Ins				istr. 3, 4 and 8	Beneficia	ally (D) d		or Indirect B	ndirect Beneficial Dwnership		
						Code	v	Amount	Amount (A) or P		Reported Transaction(s)				Instr. 4)			
										(Instr. 3 and 4)								
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
									10.	11. Nature								
Derivative Conversion Date Execution Date,				ite, Trans	ansaction Derivative Expiration Date of Securities ode (Instr. Securities (Month/Day/Year) Underlying						ities	Derivative	derivative	ə	Ownership Form:	of Indirect Beneficial		
(Instr. 3)	Price of Derivative	(montal bay) really	(Month/Day/Y		Acquired (A) or Disposed (Instr. 3 and 4)						e Security	(Instr. 5)	Beneficially Owned		Direct (D)	Ownership (Instr. 4)		
	Security				of (D) (Instr. 3, 4 and 5)							110 4)		Following Reported		(I) (Instr. 4)		
				-						Amount	1	Transacti (Instr. 4)						
								Date		Expiration		or Number						
				Code	V	(A)	(D)	Exercisa	ble	Date	Title	of Shares						
Stock Option (right to Buy)	\$1.18	06/11/2024 ⁽¹⁾		Α		217,677		(2)		03/04/2034	Commor Stock	217,677	\$0	217,67	77	D		

Explanation of Responses:

1. The stock option grant was approved by Cingulate Inc.'s board of directors on March 4, 2024, subject to stockholder approval of Amendment No.1 to the Cingulate Inc. 2021 Omnibus Equity Incentive Plan (the "Amendment"). Cingulate's stockholders approved the Amendment on June 11, 2024.

2. The option vests as follows: 50% on the six-month anniversary of the date of grant and the remaining shares in substantially equal monthly installments over the 30-month period following the initial vesting date.

/s/ Shane J. Schaffer	06/13/2024
** 0'	D - L

** 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.