FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

	vvasningu	on, D.C. 20549	
STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

	OMB APPROVAL							
- 1								
	OMB Number:	3235-0287						
	Estimated average I	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

	struction 10.																		
Name and Address of Reporting Person* Brams Matthew				2. Issuer Name and Ticker or Trading Symbol Cingulate Inc. [CING]							Relationship of Reporting Person(s) to Issuer (Check all applicable)								
Diams	Maunew													Directo	or		10% Ov	vner	
				3. [Date of Earliest Transaction (Month/Day/Year)						$\overline{}$	1	Officer below)	(give title		Other (s below)	specify		
(Last)	,	,	(Middle)		09/30/2024								EVP a	and Chief	Med	lical Offic	er		
1901 W. 47TH PLACE																			
				_ _	If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street)				4. '	Ane	nument,	Date	oi Originai i	ileu	(IVIOITIII)/D	ay/ rear)		ine)	viduai oi i	Johnson	יווווין כ	y (Check Ap	plicable	
	S CITY K	S	66205										1	Form f	filed by One	e Rep	orting Perso	n	
													Form filed by More than One Reporting						
(City)	(S	tate)	(Zip)											Person					
(0.,,)	(0		(<u> </u>																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of S	Security (Ins	tr. 3)		nsaction		A. Deem		3.			ities Acquir			5. Amou				7. Nature	
Date (Month/D			th/Day/Ye	Execution Date, ay/Year) if any		, Transaction Disposed Of (D) (Ir Code (Instr. 5)		d Of (D) (In:	str. 3, 4 a	ind					of Indirect Beneficial				
(months 2)					(Month/Day/Year							Owned F	Following (I) (In	nstr. 4)	Ownership				
							Code	v	Amount	(A) or Pri		_	Reported Transaction(s)			(Instr. 4)			
						Code	<u> </u>	Amount	it (D) Pi			(Instr. 3	. 3 and 4)						
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
			(e.g.	puts,	calls	s, warr	ants	, options	s, c	onverti	ble seci	urities)						
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Nun	nber	6. Date Exe	rcisa	ble and	7. Title an	d	8.	Price of	9. Number	r of	10.	11. Nature	
Derivative	Conversion	Date	Execution Date,	Transa				Expiration Date			Amount of Securities		Derivative Security		derivative Securities		Ownership Form:	of Indirect Beneficial	
Security or Exercise (Month/Day/Year) if any (Month/Day/Year) (Month/Day/Year)			Code (instr.	Securities `		Underlying			g	(Instr. 5)		Beneficially		Direct (D)	Ownership			
	Derivative Security			'		Acquii (A) or	ed	Derivative Secu (Instr. 3 and 4)					у		Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)	
	Jecurity			1	Disposed						(111311. 3 41	iiu 4)			Reported		(1) (111311. 4)		
				1	of (D) (Instr. 3, 4								Transaction(s) (Instr. 4)						
						and 5)													
									Γ			Amour	nt						
				1		1	Ш					or Numbe	r						
				Code	l _v	(A)	(D)	Date Exercisable		xpiration ate	Title	of Shares							
C4l-				10000	i –	(-,	(5,		+		-1110	3110166	+						
Stock Option	φ ₅ 0.4	00/20/2024(1)		Ι,		1.000		00/20/2024		9/30/2034	Common	1 000	\backslash	60	1,000				
(right to	\$5.04	09/30/2024 ⁽¹⁾		A		1,000		09/30/2024	10	9/30/2034	Stock	1,000	' [\$ 0	1,000	'	D		
Buy)							ıl				I				I				

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-10/01/2024 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.