FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL								
	OMB Number:	3235-0287							
	Estimated average b	urden							
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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.

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

1. Name and Address of Reporting Person* Davis Aaron I.					2. Issuer Name and Ticker or Trading Symbol Tango Therapeutics, Inc. [TNGX]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify					
(Last) (First) (Middle) 12860 EL CAMINO REAL, SUITE 300					3. Date of Earliest Transaction (Month/Day/Year) 09/03/2024							Officer (give title Other (specify below) See remarks.					
(Street) SAN DIEGO CA 92130			4. I 	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of Security (Instr. 3) 2. Trai				ransaction	action 2A. Deemed Execution Date,		3. Transaction	4. Securi	rities Acquired (A) or ed Of (D) (Instr. 3, 4 an		5. Amour Securitie Beneficia Owned F Reported Transact	5. Amount of Securities Form Beneficially (D) of		Direct Indirect I	7. Nature of Indirect Beneficial Ownership Instr. 4)		
	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)	erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any		Code (Transaction Code (Instr. 8)		of I		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares						
Stock Option (Right to Buy)	\$10.93	09/03/2024		J ⁽¹⁾		65,000		(1)	09/03/2034	Common Stock	65,000	\$0	65,000		D		

Explanation of Responses:

1. This option, which was granted as compensation for consulting services, shall vest and become exercisable in 2 substantially equal installments, with 32,500 shares vesting as of 12/03/2024 and 32,500 shares vesting as of 03/03/2025, subject to the Reporting Person's continuous service with the Issuer as of each such vesting date.

Remarks:

The Reporting Person may be deemed member of a group that beneficially owns more than 10% of the outstanding shares of common stock, \$0.001 par value per share ("Common Stock"), of Tango Therapeutics, Inc. As to any Reporting Person that is not a beneficial owner of more than 10% of the outstanding shares of Common Stock, this Form 4 shall not be deemed a concession that such person is subject to Section 16 of the Securities Exchange Act of 1934 with respect to the issuer.

/s/ Davis Aaron I.

09/05/2024

** 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.