FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSH	ΙIΡ
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OMB APPROVAL									
OMB Number: 3235-028									
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* Borisy Alexis (Last) (First) (Middle) C/O TANGO THERAPEUTICS, INC 201 BROOKLINE AVE., SUITE 901 (Street) BOSTON MA 02215					3. E 06/	2. Issuer Name and Ticker or Trading Symbol Tango Therapeutics, Inc. [TNGX] 3. Date of Earliest Transaction (Month/Day/Year) 06/05/2024 4. If Amendment, Date of Original Filed (Month/Day/Year)								(Chec	c all applic Directo Officer below) vidual or J Form fi	Diship of Reporting Person(s) to Issuer all applicable) Director 10% Owner Officer (give title below) Director 10% Owner Other (specify below) Ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication 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 - Non	-Deriv	ative	e Se	curities	s Ac	quired,	Disp	osed o	f, or Be	nefic	cially	Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D.					ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (I	Transaction Disposed Code (Instr. 5)		rities Acquired (A) or ed Of (D) (Instr. 3, 4 an			5. Amou Securitie Beneficia Owned F	s ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership Instr. 4)		
								Code	v	Amount	(A) o	r Pr	ice	Transact	tion(s)			11150.4)		
Common Stock 06/05/						/2024		A		6,250	O ⁽¹⁾ A §		60.00	11,250			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. Deemed Execution D if any (Month/Day/	Date,	4. Transactio Code (Inst				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			. Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		expiration Date	Title	Amo or Num of Shar	ber						
Stock Option (Right to Buy)	\$7.41	06/05/2024			A		37,500		(2)	0	6/05/2034	Common Stock	37,5	500	\$0.00	37,500)	D		

Explanation of Responses:

1. These shares are represented by restricted stock units (the "RSUs"). Each RSU represents a contingent right to receive one share of Common Stock of the Issuer. The RSUs will vest in its entirety on the earlier of: (i) June 5, 2025 and (iii) the date of the next annual meeting of stockholders, subject to the Reporting Person's continuous service with the Issuer as of each such vesting date.

2. This option shall vest and become exercisable in 12 substantially equal monthly installments over a period of one year beginning on July 5, 2024, subject to the Reporting Person's continuous service with the Issuer as of each such vesting date.

/s/ Douglas Barry, as attorneyin-fact ** Signature of Reporting Person

06/07/2024

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.