FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
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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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Resnick Joshua				2. Issuer Name and Ticker or Trading Symbol PepGen Inc. [PEPG]				(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last)	(Fi	rst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/20/2024					Officer (give title below)		Other (sbelow)	pecify		
321 HARRISON AV C/O PEPGEN INC.				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						
(Street) BOSTON	N M	A	02118		Rula	10h5-	.1(c)	Transac	tion Indi	cation		Form fi Person		nan One Repo	ting
(City)	(Si	rate)	(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 the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.						to satisfy				
		Tat	ole I - Non-	Deriva	tive S	ecuritie	s Ac	quired, Di	sposed o	f, or Ber	neficially	/ Owned			
1. Title of Security (Instr. 3) 2. Transat Date (Month/Date)			Date	Execution Date,		Code (Instr. 5)				es Form ally (D) of following (I) (II	orm: Direct	7. Nature of Indirect Beneficial Ownership			
							Code V	Amount	(A) or (D) Price		Transact (Instr. 3 a	ion(s)		Instr. 4)	
			Table II - D (e					uired, Dis s, options,				Owned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Exercise (Month/Day/Year) if any Company Compa	Cod	ransaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Cod	le V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (Right to Buy)	\$16.8	06/20/2024		A		13,000		06/20/2025 ⁽¹⁾	06/19/2034	Common Stock	13,000	\$0	13,000	D ⁽²⁾	

Explanation of Responses:

- 1. This option shall vest in full upon the earlier of (i) the first anniversary of the date of grant or (ii) the date of the next Annual Meeting; provided, however, that all vesting shall cease if the individual ceases to serve as a director, unless the Board of Directors determines that the circumstances warrant continuation of vesting,
- 2. Under the Reporting Person's arrangement with RA Capital Management, L.P. (the "Adviser"), the Reporting Person holds the option for the benefit of the RA Capital Healthcare Fund, L.P. (the "Fund"), the RA Capital Nexus Fund II, L.P. (the "Nexus Fund II") and a separately managed account (the "Account"). The Reporting Person is obligated to turn over to the Adviser any net cash or stock received from the option, which will offset advisory fees owed by the Fund, the Nexus Fund II and the Account to the Adviser. The Reporting Person therefore disclaims beneficial ownership of the option and underlying common stock.

/s/ Noel Donnelly, as Attorney-06/21/2024 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.