FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

			_
Washington	D.C. 2054	19	

OMB APE	ROVAL
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0.5

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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-

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(c). S	ee Instruction '	10.																			
Name and Address of Reporting Person* McMinn Rachel				2. Issuer Name and Ticker or Trading Symbol Neurogene Inc. [NGNE]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)										
<u>McMilli Racilei</u>														1	Direc	tor		10% O	wner		
-												-	1		er (give title		Other (s	specify			
(Last)								3. Date of Earliest Transaction (Month/Day/Year)							below) below) Chief Executive Officer						
C/O NEUROGENE INC.					11/22/2024									Chief Executive Officer							
535 W 24TH STREET, 5TH FLOOR																					
					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable							
(Street)														LII	Line)						
NEW YO	ORK N	Y 1	0011												Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(St	rate) (2	Zip)																		
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired	, Dis	posed of	, or	Ben	efici	ally (Own	ed				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Date,		3. Transaction Disposed Of (D) (Instr. 3)				, 4 and S B O		Securities F Beneficially (Owned Following (n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership					
			Code	v			Amount	(A) or (D) Pr		Price	1	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)					
Common Stock 11/22/2					2024			P		47,500	1	4	\$20.	4 ⁽¹⁾	1,297,859			D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
				(e.g., pu	ıts, ca	alls, v	warra	ınts,	optio	ns, c	onvertib	le se	cur	ities)						
1. Title of Derivative Security 1. Title of Derivative Security 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date Execution Date, if any (Month/Day/Year)			4. Transaction Code (Instr. 8) 5. Numl of Derivati Securiti Acquire (A) or Dispose of (D) (Instr. 3 and 5)		rative rities ired r osed)	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		f g	8. Price of Derivative Security (Instr. 5)				10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	or Nu of	ount mber ares							

1. The price reported is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$20.07 to \$20.84, inclusive. The reporting person undertakes to provide to Neurogene Inc. (the "Company"), any security holder of the Company, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the ranges set forth in this footnote.

Remarks:

/s/ Christine Mikail, as attorney-in-fact for Rachel McMinn

11/25/2024

** 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.