FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D. | .C. 20549 |
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| STATEMENT OF CHANGES IN BENEFICIAL (| OWNERSHIP |
|--------------------------------------|-----------|
| 5" | |

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

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* BAFFI ROBERT | | | | 2. Issuer Name and Ticker or Trading Symbol Neurogene Inc. [NGNE] | | | | | (Che | elationship of the control of the co | able) | Person(s) to Iss | | | |
|-------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------|---------|--------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------|---------|
| (Last) | (F | rst) | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 01/16/2024 | | | | | | | Officer below) | (give title | Other (: below) | specify |
| C/O NEUROGENE INC. 535 W 24TH STREET, 5TH FLOOR | | | | 4 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | Line | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | |
| (Street) NEW Y | ORK N | Y | 10011 | | | | | | | | | | | han One Repo | rting |
| (City) | (S | tate) | (Zip) | F [| 7 Chec | k this box | to indi | Transac | saction was m | nade pursua | | | n or written pla | n that is intende | i to |
| | | Tab | le I - Non-I | Derivati | /e Se | curities | s Ac | quired, Di | sposed o | f, or Be | neficiall | y Owned | | | |
| Date | | | . Transactio Pate Month/Day/ | Execution Date, | | Code (Instr. 5) | | | 5. Amour Securitie Beneficia Owned F Reported | s Fally (I | orm: Direct | 7. Nature of Indirect Beneficial Ownership Instr. 4) | | | |
| | | | | | | | Code V | Amount | (A) or (D) | Price | Transact (Instr. 3 a | ion(s) | | ilisti. 4) | |
| | | ٦ | Table II - De | | | | | uired, Dis , options, | | | | Owned | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | h/Day/Year) Execution Date, if any (Month/Day/Year) Transaction Code (Instr. 8) Sc Ad (A Di of | | of Derivati Securiti Acquire (A) or Dispose of (D) (li | of Expiration Date (Month/Day/Year) of Sec Securities Acquired (Instr. | | | of Securities Underlying | | 8. Price of Derivative Security (Instr. 5) | 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) | \$32.3 | 01/16/2024 | | A | | 15,400 | | (1) | 01/16/2034 | Common Stock | 15,400 | \$0.00 | 15,400 | D | |

Explanation of Responses:

1. This option represents the right to purchase 15,400 shares of common stock of the Issuer, and vests in equal monthly installments through January 16, 2027, subject to the reporting person's continued service to the Issuer through each applicable vesting date

> /s/ Christine Mikail, as attorney-in-fact for Robert <u>Baffi</u>

01/18/2024

** 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.