FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

<b>STATEMENT</b>	OF CHANGE	S IN BENEF	ICIAL OV	VNERSHIP

OMB APPROVAL 3235-0287 OMB Number: 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

Name and Address of Reporting Person*     Poirson Allen						2. Issuer Name and Ticker or Trading Symbol <u>Cytek Biosciences, Inc.</u> [ CTKB ]										elationship eck all app Direc	icable)	g Pers	son(s) to Iss	
(Last)	`	irst) CIENCES, INC.	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/11/2024						]	belov	,	ID Co	Other (s below) ORP. DEV	`			
47215 LAKEVIEW BOULEVARD				4. It	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) FREMO	NT C	A	94538														filed by Moi		orting Person One Repo	I
(City)	(S	tate)	(Zip)		Rı	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 - Noi	n-Deriv	ative	e Se	curit	ies A	cquir	red, D	isp	osed o	of, or	Ben	eficial	ly Owne	d			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					Execution Date,		e, Ti C	3. Transaction Code (Instr. 8)  4. Securities Acquired (ADisposed Of (D) (Instr. 3, 5)				Benefi Owned	es For ially (D) Following (I) (		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership				
									С	Code V		Amount	() (I	() or ()	Price	Report Transa (Instr.	ed ction(s) 3 and 4)			(Instr. 4)
Common Stock 03/11/				1/2024	2024			M		3,338		A	(1)	52,356			D			
Common Stock 03/11/			1/2024	2024			F		1,301(2)		D	\$7.2	22 51,055			D				
		T	able II -						•	,	•	sed of onverti	•		,	Owned			•	
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	Date, Transaction Code (Inst		on of E		Expi	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)		illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exer	e rcisable		opiration	Title	N C	Amount or Number of Shares					
Restricted Stock	(1)	03/11/2024			M			3,338		(3)		(3)	Comm		3,338	\$0	30,04	3	D	

## **Explanation of Responses:**

- 1. Each Restricted Stock Unit (the "RSU Award") represents a contingent right to receive one share of the Issuer's common stock.
- 2. Represents the number of shares withheld by and surrendered to the Issuer on March 11, 2024, to satisfy tax withholding obligations that arose in connection with the vesting of the RSU Award.
- 3. The shares subject to the RSU Award shall vest over four years with 2/48 of the total shares underlying the RSU Award vesting on May 18, 2023 and each May 18 thereafter; 3/48 of the total shares underlying the RSU Award vesting on November 18, 2023 and each November 18 thereafter; and 4/48 of the total shares underlying the RSU Award vesting on November 18, 2023 and each November 18 thereafter; and 4/48 of the total shares underlying the RSU Award vesting each March 10, 2024 and each March 10 thereafter, until fully vested.

/s/ Valerie Barnett, Attorney-

03/13/2024

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.