Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

I

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|---------------------|-----------|
| OMB Number: | 3235-0287 |
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| hours per response: | 0.5 |

| STATEMENT | OF CHANGE | S 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. Name and Address of Reporting Person [*] <u>Yan Ming</u> | | | | 2. Issuer Name and Ticker or Trading Symbol <u>Cytek Biosciences, Inc.</u> [CTKB] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
|---|---------------|--------------|--|--|-----------------|---------------------------|---|--|-----------------|-----------|--|--|
| (Last) (First) (Middle) C/O CYTEK BIOSCIENCES, INC. | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/14/2023 | | | | Officer (give title below) Chief Techn | Other below cology Officer | , | | | |
| 47215 LAKEVIEW BOULEVARD | | | 4. lf / | Amendment, Date o | f Original File | d (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check App Line) X Form filed by One Reporting Persor | | | | | |
| (Street) | | | | | | | | Form filed by On | e Reporting Per | son | | |
| FREMONT | CA | 94538 | | | | | | Form filed by Mo Person | re than One Re | porting | | |
| (City) | (State) | (Zip) | Rul | le 10b5-1(c) | Transac | tion 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. | | | | | | | | |
| | | Table I - No | n-Derivative S | Securities Acq | uired, Dis | posed of, or Bene | ficially | Owned | | | | |
| 1. Title of Securi | ty (Instr. 3) | | 2. Transaction | 2A. Deemed | 3. | 4. Securities Acquired (A |) or | 5. Amount of | 6. Ownership | 7. Nature | | |

| 1. The of Security (instr. 3) | Date (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | | Transaction Code (Instr. 5) 8) | | | | Securities Beneficially Owned Following Reported | Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect Beneficial Ownership (Instr. 4) |
|-------------------------------|--------------------------|---|------|--------------------------------------|-----------|---------------|--------|---|---|--|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) |
| Common Stock | 11/14/2023 | | G | | 1,700,000 | D | \$0.00 | 6,062,103 | 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 Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Deriv Secu Acqu (A) o Dispo of (D (Instr | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Amount of | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---|---|--|---|------------------------------|---|--|---|---------------------|--------------------|-------|--|--|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

Remarks:

/s/ Valerie Barnett, Attorneyin-Fact for Ming Yan <u>11/2</u>

11/27/2023

** 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.