FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per respons	e: 0.5								

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

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

Name and Address of Reporting Person* <u>Jeanmonod Patrik</u>					2. Issuer Name and Ticker or Trading Symbol Cytek Biosciences, Inc. [CTKB]										k all app Direc	olicable) etor	ng Person(s) to		wner
(Last)	(Fii	rst) (M	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/26/2023								X	Officer (give title below) Chief Fina			Other (s below) Officer	specify	
47215 LAKEVIEW BOULEVARD				4. If Amendment, Date of Original Filed (Month/Day/Year)								r)	6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) FREMONT CA 94538													X	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(St	ate) (Z	Zip)	Rule 10b5-1(c) Transaction Indication								on							
						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.											ended to		
		Table	I - No	n-Deriva	tive S	ecui	ities	Acc	uired,	Dis	posed of	f, or I	3enef	iciall	y Owr	ned			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day)				/Year)	Execuif any	Deemed cution Date, ny nth/Day/Year)		Transaction Disposed (Code (Instr. 5)			es Acquired (A Of (D) (Instr. 3,		4 and Secu		cially d	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A) or (D)		ce	Transa	Reported Transaction(s) (Instr. 3 and 4)		,		
Common Stock 06/26/26					2023				S ⁽¹⁾		3,000	D		.96 ⁽²⁾	104,768		768 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)	ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)				6. Date Expirati (Month/		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		Dei Sed (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	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	Amour or Number of Shares	er					

Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on May 31, 2022, as last modified on September 13, 2022.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$7.90 to \$8.04, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range.

Remarks:

/s/ Valerie Barnett, Attorneyin-Fact for Patrik Jeanmonod

06/27/2023

** 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.