

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

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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

1. Name and Address of Reporting Person* <u>Poirson Allen</u>  (Last) (First) (Middle) C/O CYTEK BIOSCIENCES, INC. 47215 LAKEVIEW BOULEVARD  (Street) FREMONT CA 94538  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>Cytek Biosciences, Inc. [ CTKB ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director _____ 10% Owner _____ Officer (give title below) _____ Other (specify below) _____ <u>SVP BUS. AND CORP. DEV.</u>
	3. Date of Earliest Transaction (Month/Day/Year) <u>03/06/2024</u>	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			

**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. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	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)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date						Title
Employee Stock Option (right to buy)	\$7.07	03/06/2024		A		44,736		(1)	03/06/2034	Common Stock	44,736	\$0	44,736	D	
Restricted Stock Units	(2)	03/06/2024		A		30,056		(3)	(3)	Common Stock	30,056	\$0	30,056	D	

**Explanation of Responses:**

- The shares subject to the option shall vest over 4 years with 1/48 of the total shares underlying the option vesting on April 6, 2024 and each month thereafter.
- Each Restricted Stock Unit (the "RSU Award") represents a contingent right to receive one share of the Issuer's common stock.
- The shares subject to the RSU Award shall vest over 4 years with 2/48 of the total shares underlying the RSU Award vesting on May 18, 2024 and each May 18 thereafter; 3/48 of the total shares underlying the RSU Award vesting on August 18, 2024 and each August 18 thereafter; 3/48 of the total shares underlying the RSU Award vesting on November 18, 2024 and each November 18 thereafter; and 4/48 of the total shares underlying the RSU Award vesting each March 10, 2025 and each March 10 thereafter.

/s/ Valerie Barnett, Attorney-in-Fact 03/08/2024

\*\* 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.