# 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 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OMB APPROVAL

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OMB Number:	3235-0287							
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hours per response:	0.5							

Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 19	34 hours per resp	hours per response: 0.5		
	or Section 30(h) of the Investment Company Act of 1940	-			
1. Name and Address of Reporting Person <sup>*</sup> Jiang Wenbin	2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Cytek Biosciences, Inc.</u> [ CTKB ]	5. Relationship of Reporting Perso (Check all applicable)	( )		
		X Director V Officer (give title	10% Owner Other (specify		
(Last) (First) (Middle)	3. Date of Earliest Transaction (Month/Day/Year)	X below)	below)		
C/O CYTEK BIOSCIENCES, INC.	05/09/2022	President and CEO			
47215 LAKEVIEW BOULEVARD					
	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing ( Line)	Check Applicable		
(Street) FREMONT CA 94538		X Form filed by One Report	ting Person		
		Form filed by More than 0	One Reporting		
(City) (State) (Zip)		Person			
Table I - Non	-Derivative Securities Acquired, Disposed of, or Ben	 eficially Owned			

### 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. Transa Code ( 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(
Common Stock	05/09/2022		<b>S</b> <sup>(1)</sup>		20,000	D	<b>\$8.01</b> <sup>(2)</sup>	7,896,040	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)		5. Number of		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	Amount or Number of Shares				

## 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 December 6, 2021.

2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$7.77 to \$8.55, 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, Attorney-05/11/2022 in-Fact for Wenbin Jiang

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\ast}$  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.