509041174 02/21/2025

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 Assignment ID: PATI841116

SUBMISSION TYPE: NATURE OF CONVEYANCE:		NE	NEW ASSIGNMENT				
		Cł	Change of Address of Assignee				
CONVEYING PARTY	DATA						
		Na	me			Executi	on Date
Forma Therapeutics, Inc.						12/06/202	24
RECEIVING PARTY D	ΑΤΑ						
Company Name:	Forma	Forma Therapeutics, Inc.					
Street Address:	300 No	orth Beac	on Street				
Internal Address:	Suite 5	Suite 501					
City:	Watert	own					
State/Country:	MASS	ACHUSE	TTS				
Postal Code:	02472						
	RS Total: 1						
PROPERTY NUMBER Property Typ	e		Number				
PROPERTY NUMBER	e	1535588					
PROPERTY NUMBER Property Typ	e						
PROPERTY NUMBER Property Typ Application Number: CORRESPONDENCE Fax Number:	e DATA	1535588 6176468	646				
PROPERTY NUMBER Property Typ Application Number: CORRESPONDENCE Fax Number: <i>Correspondence will</i>	e DATA be sent to	1535588 6176468 o the e-m	7 646 ail address first;			,	sent
PROPERTY NUMBER Property Typ Application Number: CORRESPONDENCE Fax Number:	e DATA be sent to	1535588 6176468 o the e-m	7 646 nail address first; is unsuccessful, i			,	sent
PROPERTY NUMBER Property Type Application Number: CORRESPONDENCE Fax Number: Correspondence will using a fax number, i	e DATA be sent to	1535588 6176468 o the e-m d; if that 6176468	7 646 nail address first; is unsuccessful, i	it will be se		,	sent
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PROPERTY NUMBER Property Type Application Number: CORRESPONDENCE Fax Number: Correspondence will using a fax number, i Phone: Email: Correspondent Name	e DATA be sent to if provideo	6176468 6176468 6176468 6176468 cathy.nic Jeffrey D 600 Atla	646 ail address first; is unsuccessful, i 000 cholson@wolfgreer 0. Hsi	it will be se nfield.com		,	sent
PROPERTY NUMBER Property Type Application Number: CORRESPONDENCE Fax Number: Correspondence will using a fax number, i Phone: Email: Correspondent Name Address Line 1:	e DATA be sent to if provideo	1535588 6176468 o the e-m d; if that 6176468 cathy.nic Jeffrey D 600 Atlan Boston,	646 pail address first; is unsuccessful, i 000 cholson@wolfgreer 0. Hsi ntic Ave.	it will be se nfield.com		,	sent
PROPERTY NUMBER Property Type Application Number: CORRESPONDENCE Fax Number: Correspondence will using a fax number, i Phone: Email: Correspondent Name Address Line 1: Address Line 4:	e DATA be sent to if provided e: NUMBER:	1535588 6176468 o the e-m d; if that 6176468 cathy.nic Jeffrey D 600 Atlan Boston, H	646 ail address first; is unsuccessful, i 000 cholson@wolfgreer 0. Hsi ntic Ave. MASSACHUSETT	it will be se nfield.com		,	sent
PROPERTY NUMBER Property Type Application Number: CORRESPONDENCE Fax Number: Correspondence will using a fax number, i Phone: Email: Correspondent Name Address Line 1: Address Line 4:	e DATA be sent to if provided e: NUMBER:	1535588 6176468 o the e-m d; if that 6176468 cathy.nic Jeffrey D 600 Atla Boston, D H0 Ca	646 nail address first; is unsuccessful, i 000 cholson@wolfgreer 0. Hsi ntic Ave. MASSACHUSETT	it will be se nfield.com		,	sent

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CERTIFICATE OF CHANGE OF CORPORATE ADDRESS

It is hereby certified that Forma Therapeutics, Inc. changed its corporate address from 500 Arsenal Street, Suite 100, Watertown, MA 02472, USA to its current address at 300 North Beacon Street, Suite 501, Watertown, MA 02472, USA.

The undersigned is duly authorized to execute this document on behalf of Forma Therapeutics, Inc.

IN WITNESS WHEREOF,

Exington Muddated 12/6/24 (place) (date)

Forma Therapeutics, Inc.

Name and position of signatory

Forrester Lidoul Assistant Secretary

Forma Therapeutics 300 North Beacon Street, Suite 501 Watertown, MA 02472