FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Last) (First) (Middle) 245 MAIN STREET SECOND FLOOR (Street) CAMBRIDGE MA O2142 (City) (State) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Code v Amount (A) or Date (D) Price (D) or Indirect (D)	specify		
4. If Amendment, Date of Original Filed (Month/Day/Year) CAMBRIDGE MA O2142 (City) (State) (Zip) Cambel I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Code V Amount (A) or Drice (Instr. 3 and 4) (A) or Owned Following Reported Transactions (Instr. 3 and 4) (City) (State) (Zip) 4. If Amendment, Date of Original Filed (Month/Day/Year) (City) (State) (Zip) (City) (State) (Zip) (City) (State) (Zip) (City) (State) (Zip) (City) (State) (Zip) (City) (State) (Zip) (City) (State) (Zip) (City) (State) (Zip) (City) (State) (Zip) (City) (State) (Zip) (City) (
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) (Mon	son		
Date (Month/Day/Year) if any (Month/Day/Year) (Month/Day/Year) Transaction Code (Instr. 8) Transaction Code (Instr. 8) Transaction Code (Instr. 8) Transaction Code (Instr. 8) Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) Form: Direct (D) or Indirect (D) (Instr. 4) Transaction (D) is possed Of (D) (Instr. 3, 4 and 5) Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) Transaction Code (Instr. 8) Tran			
Code V Amount (A) or (D) Price Transaction(s) (Instr. 3 and 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Class A Common Stock 12/22/2021 A 322,691 A (1) 329,084 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) In the of Derivative Security (Instr. 4) In the of Derivative Security (Instr. 5) In the of Derivative Security (Instr. 4) In the of Derivative Security (Instr. 5) In the of Derivative Security (Instr. 4) In the of Derivative Security (Instr. 4) In the of Derivative Security (Instr. 5) In the of Derivative Security (Instr. 4) In the of Derivative Security (Instr. 4) In the of Derivative Security (Instr. 5) In the of Derivative Security (Instr. 4) In the of Derivative Security (Instr. 5) In the of Derivative Security (Instr. 4) In the of Derivative Securit	Beneficial Ownership (Instr. 4)		

Explanation of Responses:

1. Calculated using a value based on the average of the daily volume weighted average prices of the Class A common stock on the Nasdaq Stock Exchange for the 30-trading day period ending on and including the trading day immediately prior to the Closing Date, as that term is defined in the Share Purchase Agreement, dated as of December 22, 2021, by and among Immuneering Corporation, BioArkive, Inc. ("BioArkive"), and each of the shareholders of BioArkive, including Dr. Hall.

/s/ Michael D. Bookman, as

12/22/2021 Attorney-In-Fact for Brett M.

Hall

** 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.