FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinaton	D C	20540
Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							

U obligat Instruc	ions may contii tion 1(b).	nue. <i>See</i>		F	Filed			Section 16(a 30(h) of the						4		hours	s per res	ponse:	0.5
1. Name and Address of Reporting Ferson					2. Issuer Name and Ticker or Trading Symbol Entrada Therapeutics, Inc. [ TRDA ]								lationship of ck all applica Director	ble)	g Perso	10% C	Owner		
					Date of Earliest Transaction (Month/Day/Year) /02/2021								Officer (g below)	give title		Other below)	(specify		
(Street)		1A	02210		_ 4	4. If Am	endm	endment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)     Form filed by One Reporting Person     X Form filed by More than One Reporting Person				
(City)	(5	State)	(Zip)																
Table I - Non-Derivative S  1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)					ion	n 2A. Deemed Execution Date,			ction	4. Securior Disposed	ties Acq	uired (	A) or	5. Amount of Securities Beneficially Owned Following Reported		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								(,		v	Amount	(A) or (D)							
Common	Stock			11/0	02/20	021			С		2,495,3	385	A	(1)	(1)   2 495 385				See Footnote <sup>(2)</sup>
Common	Stock			11/0	02/20	021			С		318,140 A (1) 2,813,52				525		I	See Footnote <sup>(2)</sup>	
			Table II -					ities Acq warrants	,	•		,		•	wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Y		ransa Code (	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis. Expiration Date (Month/Day/Yea		Securities Underly		derlying curity	ying Derivative		ber of vive Owners Form: Direct (or India (i) (ii) (Instead cition(s)		Beneficial Ownership ect (Instr. 4)		
				С	Code	v	(A)	(D)	Date Exercisal		Expiration Date	Nu		nount or umber of nares		(Instr. 4			
Series A Preferred Stock	(1)	11/02/2021			С			2,495,385	(1)		(1)	Comm		495,385	\$0 <sup>(1)</sup>	C	0 I		See Footnote <sup>(2)</sup>
Series B Preferred Stock	(1)	11/02/2021			С			318,140	(1)		(1)	Comm		318,140	\$0 <sup>(1)</sup>	0		I	See Footnote <sup>(2)</sup>
(Last)	E HOLD	Reporting Person* ING LTD  (First) IERAPEUTICS,	(Middl	e)															
6 TIDE S	STREET																		

## Explanation of Responses:

**6 TIDE STREET** 

(Street) **BOSTON** 

(City)

(Last)

(Street) **BOSTON** 

(City)

MA

(State)

(First) C/O ENTRADA THERAPEUTICS, INC.

MA

(State)

1. Name and Address of Reporting Person\* **ROCHE FINANCE LTD** 

02210

(Zip)

(Middle)

02210

(Zip)

<sup>1.</sup> Each share of the Issuer's Series A Preferred Stock and Series B Preferred Stock automatically converted into one (1) share of the Issuer's Common Stock immediately upon the closing of the Issuer's initial public offering. These amounts reflect a 1-for- 7.235890014 reverse stock split which became effective on October 22, 2021. The Series A Preferred Stock and Series B Preferred Stock have no expiration date.

So. Represents shares held by Roche Finance Ltd ("Roche Finance"). Roche Finance is a wholly owned subsidiary of Roche Holding Ltd ("Roche Holding"), a Swiss corporation whose shares are traded on the SIX Swiss Exchange. Roche Holding is the indirect beneficial owner of these securities of the Issuer. This Form 4 shall not be deemed an admission that any reporting person or other person is a beneficial owner of any securities of the Issuer for any purpose, other than the securities reported in this Form 4.

**Fact** 

\*\* 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.