FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours ner resnonse.	0.5							

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Name and Address of Reporting Person* Zeiher Bernhardt G						2. Issuer Name and Ticker or Trading Symbol Entrada Therapeutics, Inc. [TRDA]									(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
					\vdash								-	X Directo	or		10% Ov	vner			
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 04/04/2023									Officer below)	(give title		Other (s below)	specify		
C/O ENTRADA THERAPEUTICS, INC.					A 16 Amond and Date of Original Filled (Month/Day Office)								6 1-	6 Individual or Joint/Group Filing (Chook Applicable							
6 TIDE STREET				4. '	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)							
0 TIDE STREET														X Form filed by One Reporting Person							
(Street)															Form f	orm filed by More than One Reporting			rting		
BOSTO	N M	IA	02210		\vdash																
-					- R	Rule 10b5-1(c) Transaction Indication															
(City)	(S	tate)	(Zip)		1_					414											
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.															
							-														
		Tab	le I - Nor	n-Deriv	vativ	e Se	curities	s Ac	qui	ired, D	isp	osed o	of, o	r Ben	eficiall	y Owned					
1. Title of Security (Instr. 3) 2. Transaction													d (A) or	r 5. Amount of				7. Nature			
Date (Month/D				/Day/Ye	ear)	Execution Date, if any (Month/Day/Year		Code (Instr.		Disposed Of (D) (Instr. 3, 4		r. 3, 4 and	Securitie Beneficia	ficially (D) or Indirect	of Indirect Beneficial Ownership				
								"' '	o,	' 					Reported	Reported			(Instr. 4)		
									(Code	_	Amount	ount (A) or P		Price	Transaction(s) (Instr. 3 and 4)					
			Table II -	Deriva	ative	Sec	urities	Δca	uire	ed Die	sno	sed of	or l	Rene	ficially	Owned		*	<u> </u>		
												onvertil				O.I.IIGu					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/	d 4. Date, Trans		nction Instr.	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 Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		es Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Dat Exe	te ercisable		xpiration ate	Title		Amount or Number of Shares						
Stock		I	I	- 1		I	1	1	1		1		1				I			1	

Explanation of Responses:

\$14.43

1. The stock option shall vest in equal monthly installments over three years from the date of grant, subject to the reporting person's continuous service through the applicable vesting date.

32,000

Remarks:

Option

(Right to Buy)

/s/ Jared Cohen, as Attorney-in-04/04/2023

32,000

Fact

04/04/2033

Common

** Signature of Reporting Person

Date

32,000

D

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).

04/04/2023

** 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.