FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL OMB Number: 3235-0104 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

			01	Section 30(1	i) or the my	restment Company Act of 1940						
1. Name and Addres Zeiher Bernha		2. Date of Event Requi Statement (Month/Day 04/04/2023		3. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Entrada Therapeutics</u> , <u>Inc.</u> [ TRDA ]								
(Last) (First) (Middle) C/O ENTRADA THERAPEUTICS, INC. 6 TIDE STREET						4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title below) Other (specify below)				<ol> <li>If Amendment, Date of Original Filed (Month/Day/Year)</li> <li>Individual or Joint/Group Filing (Check Applicable Line)</li> </ol>		
(Street) BOSTON	MA	02210						onici (speery	belowy	/	ne Reporting Person lore than One Reporting Person	
(City)	(State)	(Zip)										
			Table I -	Non-Deri	vative S	ecurities Beneficially (	Owne	d				
1. Title of Security (Instr. 4)					2. Amount Owned (Ins	of Securities Beneficially str. 4)	Di	3. Ownership Form: 4. Direct (D) or Indirect (I) (Instr. 5)		1. Nature of Indirect Beneficial Ownership (Instr. 5)		
						urities Beneficially Ow options, convertible se		ies)				
1. Title of Derivative	e Security (Instr. 4	Expiration D	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underly Security (Instr. 4)			4. Conversio or Exercis	e or Indirect (I)	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Date Expiration Exercisable Date				Amount or Number of Shares			(Instr. 5)	
Explanation of Resp	onses:											

Remarks:

Exhibit 24 - Power of Attorney

No securities are beneficially owned.

/s/ Jared Cohen, as Attorney-in-Fact \*\* Signature of Reporting Person

04/04/2023 Date

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

\* If the form is field by more than one reporting person, see Instructions (b) (while a more structure).
 \*\* 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.

## POWER OF ATTORNEY

The undersigned hereby constitutes and appoints each of Kory Wentworth and Jared Cohen, signing singly, and with full power of substitution, tl

execute for and on behalf of the undersigned, in the undersigned's capacity as officer and/or director of Entrada Therapeutics, Inc (1)

- (2) do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to complete and execute any
- take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may be (3)

The undersigned hereby grants to each such attorney-in-fact, acting singly, full power and authority to do and perform any and every act a

This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file such forms with respect to [Signature Page Follows]

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of April 4, 2023.

/s/Bernhardt Zeiher Signature Name: Bernhardt Zeiher