FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549

	OMB APPROVAL						
RSHIP	OMB Number:	3235-0287					
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hours per response:

0.5

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

STATEMENT OF CHANGES IN BENEFICIAL OWNERSH

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

1(c). Se	ee Instruction	10.																	
	nd Address o	f Reporting Person [*] ERT F.					me and o									licable)	ıg Pei	rson(s) to Is	
														1	Office	er (give title		Other (s	specify
(Last)	, , , , , , , , , , , , , , , , , , , ,				3. Date of Earliest Transaction (Month/Day/Year)									Chief Accounting Officer					
		CIENCE CORPO	RATI	ON	11/0	14/2024	4												
681 GAI	EWAY BL	VD																	
(Street)					4. If /	Amendr	nent, Da	te of C	Origina	al File	d (Month/Da	y/Year))	6. Indiv Line)	idual o	Joint/Group	Filin	ng (Check A	pplicable
SOUTH	· C	Δ 9	4080											1	Form	filed by One	e Rep	orting Perso	on
FRANCI	SCO C														Form Perso		re tha	in One Repo	orting
(City)	(St	ate) (Ž	Zip)																
		Table	I - No	n-Deriva	tive	Secur	ities A	cqui	ired,	Dis	posed of	, or E	Benef	cially	Own	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)			Execution Date,		, Tr	3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				l and Secur Benef Owne		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
								C	ode	v	Amount	(A) o (D)	Pric	e e		ction(s) 3 and 4)			(Instr. 4)
Common Stock 11/04/2			11/04/20)24				Α		8,500(1)	A		\$0		47,224		D		
Common	Stock			11/04/20	024				S		156(2)	D	\$4	41.564 47,068 D					
		Tai	ole II								osed of, convertib				Owne	d		,	
1. Title of Derivative Conversion or Exercise Price of Derivative Security			4. Transaction Code (Instr. 8)		5. Numb of Derivativ Securitic Acquired (A) or Dispose of (D) (Instr. 3, and 5)	ve (Nes	. Date Expirati Month/	ion Da		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Der Sec (Ins	rice of ivative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	e es ally g d ion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
											Amou or Numb								

Explanation of Responses:

- 1. Represents performance stock units for which target criteria was determined to have been met on November 4, 2024. 60% of the PSUs remain subject to time-based vesting and will vest on October 1,2025, subject to continued service or acceleration of vesting as provided in the award agreement.
- 2. Represents the number of shares required to be sold by the Reporting Person to cover tax withholding obligations in connection with the vesting of Restricted Stock Units. These sales are mandated by the Issuer's election under its equity incentive plans to require the satisfaction of a tax withholding obligation to be funded by a "sell to cover" transaction and do not represent discretionary trades by the Reporting Person.

Remarks:

/s/ Dennis Cho, as Attorneyin-Fact for Robert F. Werner

11/06/2024

** 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.