SEC For									EVOL						
	FORM	4	UNITEL	JSIA	IES			ES AND ington, D.C. 2	-	ANGE	COMMIS	SION	OM	B APPROV	/AL
Sectio obligat	this box if no lo n 16. Form 4 or tions may conti tion 1(b).		STAT		d pursua	int to Sectio	n 16(ES IN BI	urities Excha	ange Act of :		lIP	OMB Numb Estimated a hours per re	verage burden	3235-0287 0.5
1. Name and Address of Reporting Person* Clark Daniel Emmett					2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Cofficer (give title Other (specify			
1	MA4 HOLE	First) DINGS CORP. NORTH TOWE	(Middle) R, 8TH FL.		3. Date 07/22/		Trans	action (Month	n/Day/Year)			below) below) Secretary and General Counsel			
(Street) STAMF	ORD C	CT	06902		4. If Arr	nendment, E	Date o	of Original File	d (Month/D	ay/Year)	6. Ind X	ividual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(5	State)	(Zip)												
1. Title of	Security (Ins		able I - Nor	2. Transa Date (Month/D	ction	2A. Deem Execution if any (Month/Da	ed 1 Date	a, 3. Transacti Code (Ins	4. Secu	rities Acquir	f, or Beneficially ties Acquired (A) or Of (D) (Instr. 3, 4 and 5)		Owned 5. Amount of Securities Beneficially Owned Following Reported (I) (Ir		7. Nature of ndirect Beneficial Ownership (Instr. 4)
								Code V	Amour	it (A) ((D)	Price	Transactio (Instr. 3 an			insu. 4)
								luired, Dis s, options				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 Date if any (Month/Day/Ye	e, Tran Code	saction e (Instr.	5. Number Derivative Securities Acquired (or Dispose (D) (Instr. 3 and 5)	of A) ed of	6. Date Exerc Expiration D (Month/Day/	cisable and ate	7. Title an Securities Derivative	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	e V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)		
Employee Stock Option (Right to Buy)	\$0.1529	07/22/2021		A		1,114,504		(1)	06/19/2027	Class A Common Stock	1,114,504	(2)	1,114,504	D	
Employee Stock Option (Right to Buy)	\$0.7659	07/22/2021		A		13,760		(1)	02/17/2030	Class A Common Stock	13,760	(2)	13,760	D	
Employee Stock Option (Right to Buy)	\$0.7659	07/22/2021		A		401,767		(3)	02/17/2030	Class A Common Stock	401,767	(2)	401,767	D	

Explanation of Responses:

1. This option is fully vested.

2. Pursuant to the business combination between the Issuer (which was formerly known as CM Life Sciences, Inc.) and Mount Sinai Genomics, Inc. *d/b/a* Sema4 ("Sema4"), each share of Sema4 outstanding common stock was automatically converted into the right to shares of the Issuer's Class A Common Stock based on a 1 to 123.8338 exchange ratio ("Exchange Ratio"). In addition, each outstanding Sema4 equity award was automatically converted into a corresponding equity award of the Issuer based on the Exchange Ratio and with the same terms and vesting conditions as the Sema4 equity awards.

3. 6.25% of the total shares underlying the option vest in quarterly installments until fully vested, subject to the Reporting Person's continued service to the Issuer on each vesting date.

Remarks:

The merger agreement provides that certain former stockholders and equity award holders of Sema4 will receive additional shares of the Issuer's Class A common stock and awards of restricted stock units upon the achievement of certain vesting conditions.

/s/	Daniel	Clark

** Signature of Reporting Person

07/26/2021 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.