

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL	
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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. Name and Address of Reporting Person* <u>ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI</u> (Last) (First) (Middle) 1 GUSTAVE L. LEVY PLACE (Street) NEW YORK NY 10029 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 07/22/2021	3. Issuer Name and Ticker or Trading Symbol <u>Sema4 Holdings Corp. [SMFR]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) <input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Class A Common Stock	88,355,473	D ⁽¹⁾	

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date				
Earn-out Shares ⁽²⁾	(3)	(4)	Class A Common Stock	11,597,198 ⁽⁵⁾	0.00	D

1. Name and Address of Reporting Person*
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI
 (Last) (First) (Middle)
 1 GUSTAVE L. LEVY PLACE
 (Street)
 NEW YORK NY 10029
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
MOUNT SINAI HEALTH SYSTEM, INC.
 (Last) (First) (Middle)
 150 EAST 42ND STREET SUITE 2-B.17
 (Street)
 NEW YORK NY 10017

(City)

(State)

(Zip)

Explanation of Responses:

1. The securities reported herein are held directly by the Reporting Person. As its sole member, Mount Sinai Health System, Inc., a NY not-for-profit corporation ("MSHS"), may be deemed to beneficially own securities owned by the Reporting Person; however, MSHS does not have voting or investment power over such securities and disclaims beneficial interest therein except to the extent of its pecuniary interest, if any.
2. Shares of Issuer's Class A common stock that may be issued upon the occurrence of certain triggering events pursuant to the earn-out provisions of that certain Agreement and Plan of Merger, dated February 9, 2021 (the "Merger Agreement"), by and among CM Life Sciences, Inc., S-IV Sub, Inc., and Mount Sinai Genomics, Inc. d/b/a Sema4 (the "Earn Out Shares").
3. See footnote 2.
4. Not applicable.
5. Maximum number of shares of Class A common stock of Issuer that may be issued to Reporting Person pursuant to the Merger Agreement as a result of the occurrence of certain triggering events set forth therein.

Remarks:

[/s/ Stephen Harvey](#)

[10/07/2021](#)

[/s/ Stephen Harvey](#)

[10/07/2021](#)

** 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 5 (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.