FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-02								
Estimated average burden								
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).
monucion I(b).

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>Carter Todd Alfred</u>						2. Issuer Name and Ticker or Trading Symbol Voyager Therapeutics, Inc. [VYGR]										eck all appli Directo	tionship of Reporting all applicable) Director Officer (give title below) Chief Scien		10% Ov	vner
(Last)	(Last) (First) (Middle) C/O VOYAGER THERAPEUTICS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 09/15/2023									7	below)			Other (s below) Officer	specify
64 SIDNEY STREET				4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) CAMBRIDGE MA 02139															X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)					Rı	Rule 10b5-1(c) Transaction Indication														
				X	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 - No	n-Deriv	ative	Se	curit	ies Ac	quir	ed, D	Dis	posed o	f, or B	enef	iciall	y Owned	ŀ			
Date					Day/Year) if a		2A. Deemed Execution Date, f any (Month/Day/Year)		Co	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			Securition Benefici	5. Amount of Securities Beneficially Owned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
										ode \	/	Amount	(A) (D)	or F	Price		saction(s) r. 3 and 4)			(Instr. 4)
Common Stock				09/15	5/2023				1	M		5,000) A		\$2.85	64	64,860		D	
Common Stock 09/15				09/15	5/2023					S		10,50	00 D \$		\$8.16	16 54,360			D ⁽¹⁾	
		T	able II -									osed of, onverti				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	1. Fransaction Code (Instr. 3)				6. Date Exercisa Expiration Date (Month/Day/Year				7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	i C i F illy C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	cisable		xpiration ate	Title	or Nur of	nount mber ares					
Stock Option (Right to	\$2.85	09/15/2023			M			5,000	((2)	0	1/13/2032	Commor Stock	5,0	000	\$0	40,000	0	D	

Explanation of Responses:

- 1. The reported sale of 10,500 shares occurred automatically pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on March 31, 2023.
- 2. This stock option was issued pursuant to the Voyager Therapeutics, Inc. 2015 Stock Option and Incentive Plan. The vesting commencement date of the option is the grant date, January 13, 2022. The option vests over four years, with 1/48th of the shares of common stock underlying the option vesting upon the one-month anniversary of such vesting commencement date and an additional 1/48th of the shares of common stock underlying the option vesting at the end of each successive one-month period thereafter, subject to the Reporting Person's continued service.

/s/ Peter Pfreundschuh, as

Attorney-in-Fact for Todd

09/18/2023

** 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.