FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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

Name and Address of Reporting Person* Turenne Andre						2. Issuer Name and Ticker or Trading Symbol Voyager Therapeutics, Inc. [VYGR]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u> 1 urenn</u>	1 - 0	Total Therapeanes, me. [Truck]								:	X Direc	tor	10% Owner		wner					
(Last)	(F	irst) (1	Middle)		3. Da	Date of Earliest Transaction (Month/Day/Year)												Other (below)	specify	
C/O VOYAGER THERAPEUTICS, INC.,						03/19/2021									President & CEO					
75 SIDNEY STREET																				
	4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Ir	6. Individual or Joint/Group Filing (Check Applicable									
(Street)											•		•	Line	,				.	
CAMBR	IDGE M	A 0	2139											-	_	filed by On		J		
,											Form filed by More than One Reporting Person									
(City)	(S	tate) (2	Zip)																	
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	3ene	ficia	lly Own	ed				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Disposed Of 5)						Benefic	ties cially Following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
				Code	v	Amount	(A)	or	Price	Transa	ction(s) 3 and 4)			(Instr. 4)						
Common Stock 03/19/2					2021			A		80,000(1	.)	A	\$0	32	322,375		D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
				(e.g., pu	its, ca	alis, v	warra	ants,	optioi	ns, c	onvertib	ie se	curit	ies)						
1. Title of Derivative Security (Instr. 3)	ve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)			3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y G	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code		(A)	(D)			Expiration Date	Title	Amor or Numi of Share	ber						

Explanation of Responses:

1. Consists of shares of common stock issuable under an aggregate of 80,000 restricted stock units ("RSUs") awarded to the Reporting Person pursuant to the Voyager Therapeutics, Inc. 2015 Stock Option and Incentive Plan (the "Plan"). Each RSU represents the right to receive one share of common stock upon vesting. The vesting commencement date of the RSU award is the grant date, March 19, 2021. The RSU award vests over two years, with 1/2 of the shares of common stock underlying the RSU award vesting on the one-year anniversary of such vesting commencement date and the remainder of the shares of common stock underlying the RSU award vesting on the two-year anniversary of such vesting commencement date, subject to the Reporting Person's continued service.

/s/ Allison Dorval, as

03/23/2021 Attorney-in-Fact for Andre

Turenne

** 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.