FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
-------------	------------

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							
OMB Number: 3235-0287							
Estimated average burden							
hours per response:							

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* Fahey Sandell Jacquelyn					2. Issuer Name and Ticker or Trading Symbol Voyager Therapeutics, Inc. [VYGR]										eck all app Direc	tor	ng Pers	10% Ov	vner
(Last)	`	irst) (I	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 10/01/2023										X Office below	er (give title v) Chief Leg	gal O:	Other (s below) fficer	specify
64 SIDNEY STREET				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)	IDGE M	IA 0	2139												X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip) Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										nded to									
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execut y/Year) if any		Deemed ution Date, / th/Day/Year)					s Acquired (A) of (D) (Instr. 3,			Securi Benefi Owned	cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A (D	A) or D)	Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common Stock 10			10/01/2	2023			A		61,000 ⁽¹⁾⁽²⁾ A		Α	\$ <mark>0</mark>	61,000			D			
		Tal	ble II -								osed of, convertib				y Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		Execut if any			4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exercion Da /Day/Y		7. Title and Amount of Securities Underlying Derivative Security (In 3 and 4)		nstr.	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y G	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
					Code V (A) (D)			Date Exercis	te Expiration of		Nun of								

Explanation of Responses:

- 1. This equity award was not granted pursuant to any pre-existing equity incentive plan of Voyager Therapeutics, Inc. (the "Company"), but rather was granted as an inducement material to the Reporting Person entering into employment with the Company in accordance with Nasdaq Stock Market Listing Rule 5635(c)(4).
- 2. Consists of shares of common stock underlying a restricted stock unit ("RSU") award. Each RSU represents the right to receive one share of common stock upon vesting. The vesting commencement date of the RSU award is October 1, 2023. The RSU award vests over three years, with 1/3rd of the shares of common stock underlying the RSU award vesting upon the one-year anniversary of such vesting commencement date and the remainder vesting in equal annual installments thereafter, subject to the Reporting Person's continued service as an employee.

10/02/2023 /s/ Jacquelyn Fahey Sandell

** 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.