FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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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)

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* Dorval Allison (Last) (First) (Middle) C/O VOYAGER THERAPEUTICS, INC.,					2. Issuer Name and Ticker or Trading Symbol Voyager Therapeutics, Inc. [VYGR] 3. Date of Earliest Transaction (Month/Day/Year) 02/16/2021								5. Re (Che	Director Officer below)	able)		10% Ow Other (s below)	/ner	
75 SIDNEY STREET (Street) CAMBRIDGE MA 02139				4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D.					action 2A. Deemed Execution Date,		3. Transac Code (I 8)	3. 4. Securities Acquire Disposed Of (D) (Inst 5)		red (A) or 3, 4 and	5. Amou Securitie Beneficia	nt of 6. Oves Formally (D) of ollowing d		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	V	Amount	(D) P		Price	(Instr. 3	(Instr. 3 and 4)				
Common Stock 02/16/							A		34,000 ⁽¹⁾ A		\$0	79,894			D				
		7	Fable II - D (e								osed of, onvertil				Owned				
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/	ate, Ti	ransaction Code (Instr.		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e S Illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				С	ode	v	(A)		Date Exercisabl		xpiration ate	Title	or Nu of	umber					
Stock Option (Right to Buy)	\$7.33	02/16/2021			A		68,000		(2)	0	2/16/2031	Common Stock	68	8,000	\$0	68,000	0	D	

Explanation of Responses:

- 1. Consists of shares of common stock issuable under an aggregate of 34,000 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, February 16, 2021. The RSU award vests over three years, with 1/3rd of the shares of common stock underlying the RSU award vesting on the one-year anniversary of such vesting commencement date and an additional 1/3rd of the shares of common stock underlying the RSU award vesting at the end of each successive one-year period thereafter, subject to the Reporting Person's continued service.
- 2. This stock option was issued pursuant to the Plan. The vesting commencement date of the option is the grant date, February 16, 2021. 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/ Allison Dorval

02/18/2021

** 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 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.