Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

	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* Higgins Michael J					2. Issuer Name and Ticker or Trading Symbol Voyager Therapeutics, Inc. [VYGR]										k all app Direc	tionship of Reporti all applicable) Director		10% O	wner
		HERAPEUTICS,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 07/14/2022											Officer (give title below)		Other (below)	specify
64 SIDNEY STREET					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) CAMBRIDGE MA 02139													1 '	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(St	ate) (2	Zip)																
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired	, Dis	posed of	, or E	3ene	ficiall	y Own	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					Execution Date,		3. Transaction Code (Instr. 8) 4. Securitie Disposed C 5)				4 and Secu Bene		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) (D)	or P	Price	Transa	action(s) . 3 and 4)			(Instr. 4)
Common Stock 07/14/2				2022			S ⁽¹⁾		13,891 ⁽¹⁾ D) (\$6.7 ⁽²⁾	31,314			D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Gecurity or Exercise (Month/Day/Year) if any				Transaction of Code (Instr. Derivative		rative rities nired r osed)	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4)	y [0	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amor or Numl of Share	ber					

Explanation of Responses:

- 1. Represents shares of common stock sold, pursuant to a durable automatic sales instruction letter effecting the sell-to-cover election of the reporting person to satisfy tax withholding obligations, in connection with the vesting of restricted stock units on July 13, 2022. The reporting person structured the durable automatic sales instructions to constitute a "binding contract" consistent with the affirmative defense to liability under Rule 10b5-1. The sales do not represent a discretionary trade by the reporting person.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$6.70 to \$6.74, inclusive. The reporting person undertakes to provide to Voyager Therapeutics, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnote (2) to this Form 4

/s/ Robert Hesslein, as

Attorney-in-Fact for Michael 07/18/2022

J. Higgins

** 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.