FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

Name and Address of Reporting Person*     Hesslein Robert W.					2. Issuer Name <b>and</b> Ticker or Trading Symbol  Voyager Therapeutics, Inc. [ VYGR ]										k all app Direc	licable)	ng Person(s) to I 10% C Other			
(Last) (First) (Middle) C/O VOYAGER THERAPEUTICS, INC., 75 SIDNEY STREET					02/1	3. Date of Earliest Transaction (Month/Day/Year) 02/17/2022										or VP & C				
(Street) CAMBR (City)			2139 Zip)		4. IT #	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	Form Form	ial or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired	, Dis	posed of	, or E	Benefi	cially	Own	ed				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day)					Execution Date,					es Acquired (A) Of (D) (Instr. 3, 4		4 and Secu Bene		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount (A) or (D)		or Prio	ce	Transaction(s) (Instr. 3 and 4)				(111341. 4)	
Common Stock 02/17/20					.022		S <sup>(1)</sup>		4,100(1)	D	\$3	.55 <sup>(2)</sup> 12		22,704		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)	2. 3. Transaction Date (Month/Day/Year) Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year)		ion Date,		Transaction Code (Instr. 8)  B)  Code (Instr. 3, 4 and 5)  Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Exercisable Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)  Amoun or Numbe of Title Shares		Dei See (In:	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				

## **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 February 16, 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 \$3.49 to \$3.67, 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 W. Hesslein

02/22/2022

\*\* 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.