## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

wasnington,	D.C.	2054

STATEMENT (	OF CHANGE	ES IN BENEFICI	<b>AL OWNERSHIP</b>

OMB APPROVAL OMB Number: Estimated average burden er response: 0.5

> > 7. Nature of Indirect Beneficial Ownership (Instr. 4)

11. Nature of Indirect Beneficial Ownership (Instr. 4)

Check this box if no longer subject to Section 16. Form 4 or Form 5

1. Name and Address of Reporting Person\*

TRV GP III, LLC

	ions may contii tion 1(b).	nue. See		File							es Exchan npany Act			1		hours	per response:	0	
1. Name and Address of Reporting Person*  Third Rock Ventures III, L.P.															Relationship of Reporting Person(s) to Issuer (Check all applicable)      Director X 10% Owner				
(Last) (First) (Middle) C/O THIRD ROCK VENTURES, LLC				3. Date of Earliest Transaction (Month/Day/Year) 04/12/2017									Offic belo	cer (give title w)		Other (specify below)			
29 NEWBURY STREET, 3RD FLOOR			4.1	f Ame	endment	, Date o	f Original	Filed	(Month/Da	ay/Year]	)	6. Ind	6. Individual or Joint/Group Filing (Check Applicable						
(Street) BOSTO	N M	Α (	02116		_								Form filed by One Reporting Person  X Form filed by More than One Reportin Person						
(City)	(S	ate) (	(Zip)																
1. Title of S	Security (Ins		le I - No	2. Trans	action	2	CURITIE 2A. Deem Execution	ned	3. Transa	ction	4. Securit	ties Acq	uired (	A) or	_	ount of	6. Ownership Form: Direct	of Indire	
				(Month/	Day/Ye		if any (Month/Day/Year)		Code (Instr. 8)		5)				Beneficially Owned Following Reported Transaction(s)		(D) or Indirect (I) (Instr. 4)	t Beneficia Ownersh (Instr. 4)	
•	C: 1			0.4/4/	2/204/	_			1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Amount	(0	))	Price	(Instr	r. 3 and 4)	D(2)		
Common				04/1/	2/201	<del>/</del>			J <sup>(1)</sup>		920,00	00	D	(1)	-	391,176 3,122 <sup>(3)</sup>	D <sup>(2)</sup>	-	
Common						+			1						-	3,122 <sup>(4)</sup>	D <sup>(4)</sup>		
Common	Otock	T	able II - I	Derivat	tive S	ve Securities Acqui			ired. D	ispo	sed of or Benefici			ially C					
											onvertib								
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security	(Month/Day/Year) if any					tion of E		Expiratio	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		De Se (In	Price of rivative curity str. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Benefici Ownersi t (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Shar	ber					
		Reporting Person*					,										'	'	
		(First) VENTURES, L REET, 3RD FLO		dle)		_													
(Street) BOSTO	N	MA	021	16															
(City)		(State)	(Zip)																
		Reporting Person*	<u> .P.</u>																
(Last) 29 NEW	BURY STF	(First) REET, 3RD FLO	(Mide	dle)															
(Street)	N	MA	021	16															
(City)		(State)	(7in)			- $ $													

(Last)	(First)	(Middle)						
29 NEWBURY STREET, 3RD FLOOR								
(Street)								
BOSTON	MA	02116						
,								
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person*  STARR KEVIN P								
(Last)	(First)	(Middle)						
29 NEWBURY STREET, 3RD FLOOR								
(Street)								
BOSTON	MA	02116						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person*								
TEPPER ROBERT I								
(Last)	(First)	(Middle)						
29 NEWBURY STREET, 3RD FLOOR								
(Street)								
BOSTON	MA	02116						
(City)	(State)	(Zip)						

## **Explanation of Responses:**

- 1. Pursuant to a Rule 10b5-1 trading plan adopted by Third Rock Ventures III, L.P. ("TRV III"), Third Rock Ventures GP III, L.P. ("TRV GP III") and TRV GP III, LLC ("TRV GP III LLC"), TRV III distributed on April 12, 2017, for no consideration, 920,000 shares of Common Stock of the Issuer (the "Shares") to its limited partners and to TRV GP III, the general partner of TRV III, representing each such partner's pro rata interest in such Shares. On the same date, TRV GP III distributed, for no consideration, the Shares it received in the distribution by TRV III to its partners, representing each such partner's pro rata interest in such Shares. All of the aforementioned distributions were made in accordance with the exemptions afforded by Rules 16a-13 and 16a-9 of the Securities Exchange Act of 1934, as amended.
- 2. These shares are directly held by TRV III. The general partner of TRV GP III is TRV GP III. The general partner of TRV GP III LLC. The individual managers of TRV GP III LLC are Mark Levin ("Levin"), Kevin Starr ("Starr") and Dr. Robert Tepper ("Tepper"). Each of TRV GP III, TRV GP III LLC, Levin, Starr and Tepper disclaims beneficial ownership of the shares except to the extent of its or his pecuniary interest therein, if any, and this report shall not be deemed an admission that it or he is the beneficial owner of such shares.
- $3.\ These \ shares \ are \ directly \ held \ by \ Starr. \ Includes \ Shares \ received \ in \ the \ distributions \ described \ in \ footnote \ (1) \ above$
- $4. \ These shares are directly held by \ Tepper. \ Includes \ Shares \ received \ in the \ distributions \ described \ in \ footnote \ (1) \ above.$

## Remarks:

/s/ Kevin Gillis, Chief Financial Officer of TRV GP III, LLC, general partner of 04/14/2017 Third Rock Ventures GP III, L.P., general partner of Third Rock Ventures III, L.P. /s/ Kevin Gillis, Chief Financial Officer of TRV GP III, LLC, general partner of 04/14/2017 Third Rock Ventures GP III, L.P. /s/ Kevin Gillis, Chief Financial Officer of TRV GP 04/14/2017 III, LLC /s/ Kevin Gillis by power of 04/14/2017 attorney for Kevin Starr /s/ Kevin Gillis by power of 04/14/2017 attorney for Dr. Robert Tepper \*\* Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly.$ 

- \* 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.