FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

vvaoriingtori,	D.O.	200-0	

	OMB APPROVAL
=	

OMB Number: 3235-0287 Estimated average burden hours per response: 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	Sect	tion 30(h) (of the	Investn	ent C	omp	any Act	of 194	.0							
1. Name and Address of Reporting Person* PAUL STEVEN M					2. Issuer Name and Ticker or Trading Symbol Voyager Therapeutics, Inc. [VYGR]									(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
IIIOL	O I L V LIV	111													\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	X Director			10% Ov	-	
(Loot)	/⊏	inat	(Middle)											X	X Officer (give title below)			Other (s	specify		
(Last)	`	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/08/2017										President and CEO						
C/O VOYAGER THERAPEUTICS, INC.				<u> </u>											Tresident and CDO						
75 SIDN	EY STREE	T													_						
					4. If	f Ame	endment, D	Date o	of Origin	al File	d (M	1onth/Da	ıy/Year)	6. Inc		oint/Group	Filing	(Check App	olicable	
(Street)	UDCE N	τ Λ	02120											'	X Form filed by One Reporting Person						
CAMBRIDGE MA 02139		02139									Form filed by More than One Reporting										
															Person						
(City)	(S	itate)	(Zip)																		
		Та	ble I - Nor	n-Deriva	ative	e Se	ecurities	s Ac	quire	d, Di	spc	osed o	f, or	Ben	eficially	Owned					
1. Title of Security (Instr. 3) 2. Transa			ction 2A. Deemed 3. 4. Secu			4. Securi	ties Acquired (A) or						7. Nature of								
Date (Month/Da							Execution Date if any (Month/Day/Ye		Cod	Code (Instr.		Disposed Of (D) (Instr. 3, 4		r. 3, 4 and 5	Benefici	Securities Beneficially		Indirect	Indirect Beneficial		
				ar) 8)						_					Owned Following Reported		(I) (In:	str. 4)	Ownership (Instr. 4)		
										e v	4	Amount	(A) or (D)		Price	Transact (Instr. 3				. ,	
			Table II -	Derivat	ive	Sec	urities	Aca	uired.	Disi	pos	sed of,	or B	Bene	ficially (Owned					
							ls, warr				•				-						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/\)	Co	Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable an Expiration Date (Month/Day/Year)			le and	7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		s Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported Transact	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Co	de \	v	(A)	(D)	Date Exercis	able	Exp Date	oiration e	Title		Amount or Number of Shares		(Instr. 4)				
Stock Option	\$11.83	02/08/2017		A			240,000		(1)		02/0	08/2027	Comr	non	240,000	\$11.83	240,0	00	D		

Explanation of Responses:

Buy)

1. This stock option award was issued pursuant to the Voyager Therapeutics, Inc. 2015 Stock Option and Incentive Plan and will vest in 48 equal monthly installments from grant date.

/s/ Benjamin S. Piper, As

Attorney-in-Fact for Steven 02/10/2017

Paul, M.D.

** 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.