Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	OMB APPROVAL										
- 1											
	OMB Number:	3235-0287									
	Estimated average b	urden									
	hours per response:	0.5									

											. ,							
Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol Voyager Therapeutics, Inc. [VYGR]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
PIERC	E GLEN	<u>N</u>				<u>, y u g</u>	<u>, cr 1110</u>	<u>. up</u>	<u>cutics, 11.</u>	<u></u>	LVION	. 1		X Directo	or		10% Ov	vner
(Last)	(F	irst)	(Middle)		3. 0	Date o	of Earliest	Trans	saction (Mon	nth/D	ay/Year)		\dashv	X Officer below)	(give title		Other (s below)	specify
C/O VOYAGER THERAPEUTICS, INC.,					3. Date of Earliest Transaction (Month/Day/Year) 06/03/2021							Interim CSO						
75 SIDN	EY STREE	T																
(Street)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)					
CAMBR	IDGE M	IΑ	02139												filed by One		Ü	
														Form f Perso	filed by Mor า	e than	one Repo	rting
(City)	(S	tate)	(Zip)															
		Tab	le I - Non	-Deriva	ative	e Se	curities	s Ac	quired, D	isp	osed o	f, or Be	neficial	ly Owned	I			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D.			Execution Date,			Code (Instr. 5)					Benefici Owned F	es Formally (D) (Following (I) (I		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	,	Amount	(A) or (D)	Price	Reporter Transact (Instr. 3	tion(s)			(Instr. 4)	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
			. (e.g., pı	uts,	calls	s, warr	ants	, options	, cc	onvertil	ble secu	ırities)					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate, Ti	Code (Ins				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownersh (Instr. 4)
				c	ode	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$4.23	06/03/2021			A		50,000		(1)	06	6/03/2031	Common Stock	50,000	\$0	50,000)	D	

Explanation of Responses:

1. This stock option was issued pursuant to the 2015 Stock Option and Incentive Plan of Voyager Therapeutics, Inc. The vesting commencement date (the "Vesting Commencement Date") of the option is the grant date. The option vests over one year with 1/12th of the shares of common stock underlying the option vesting upon the one-month anniversary of the Vesting Commencement Date and an additional 1/12th of the shares of common stock underlying the option vesting at the end of each successive one-month period, subject to the Reporting Person's continued service.

/s/ Allison Dorval, as Attorney-06/04/2021 in-Fact for Glenn Pierce

** 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.