| SEC Form 4 FORM 4 UNITEI | D STATES S | SECURITIES | S ANE |) E) | CHANG | E CO | OMMIS | SION | | | | |
|--|--|--|---|---------|---|---------------|--|--|---|---|--|--|
| | | Washing | ton, D.C. | 2054 | 9 | | | OMB APPROVAL | | | | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | Filed pursua | E CHANGES nt to Section 16(a) o ction 30(h) of the In | of the Se | curitie | es Exchange A | | | OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 | | | | |
| 1. Name and Address of Reporting Person* $\underline{Hyman \ Steven}$ | Voya | 2. Issuer Name and Ticker or Trading Symbol <u>Voyager Therapeutics, Inc.</u> [VYGR] | | | | | | 5. Relationship of Reporting Person(s) to Iss (Check all applicable) X Director 10% Ow | | | | |
| (Last) (First) (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 06/06/2023 | | | | | | Officer (give ti below) | tle Other below | (specify) | | |
| C/O VOYAGER THERAPEUTICS, INC., 64 SIDNEY STREET | 4. If Ar | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | |
| (Street) CAMBRIDGE MA 02139 | | | | | | | | Form filed by More than One Reporting Person | | | | |
| (City) (State) (Zip) | | e 10b5-1(c) - | te that a t | ransad | ction was made | | contract, instruction or written plan that is intended to action 10. | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | 5. Amount of Securities Beneficially Owned Followir Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | Code V | | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | | |

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. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transac Code (Ir 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount 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) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|---------------------------------|---|--------|-----|--|--------------------|--|--|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Option (Right to Buy) | \$12.57 | 06/06/2023 | | A | | 22,000 | | (1) | 06/06/2033 | Common Stock | 22,000 | \$0 | 22,000 | D | |

Explanation of Responses:

1. This stock option was issued pursuant to the 2015 Stock Option and Incentive Plan of Voyager Therapeutics, Inc. in accordance with its director compensation policy. The vesting commencement date (the "Vesting Commencement Date") of the option is the grant date. All of the shares of common stock underlying the option vest upon the earlier of the one-year anniversary of the Vesting Commencement Date or the date of the next annual meeting of stockholders, in each case subject to the Reporting Person's continued service as a director.

| /s/ Scott MacDonald, as | |
|----------------------------------|------------|
| Attorney-in-Fact for Steven | 06/07/2023 |
| <u>Hyman</u> | |
| ** 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.