FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burden									
- 1	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 Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Colon Grace						2. Issuer Name and Ticker or Trading Symbol Voyager Therapeutics, Inc. [ VYGR ]							Relationship (eck all applic	cable)	Person(s) to Iss		
(Last)	ast) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 06/05/2024							Officer below)	(give title	Other (sbelow)	specify	
C/O VOYAGER THERAPEUTICS, INC. 75 HAYDEN AVENUE						4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person				
(Street)	TON M	IA	02421				401.5	4 ( )					Form f Persor		than One Repo	rting	
(City) (State) (Zip)					R	Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.											
		Tab	le I - Non	-Deriv	vativ	e Se	curities	s Ac	quired, D	isposed	of, or Be	neficial	y Owned	<u> </u>			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (ADisposed Of (D) (Instr. 3) 5)			Beneficia Owned F	es F ally ( Following (	orm: Direct	7. Nature of Indirect Beneficial Ownership			
									Code	Amoun	(A) o	r Price	Reported Transact (Instr. 3	ion(s)		(Instr. 4)	
		7	Table II - I )						uired, Dis , options				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution E if any (Month/Day	ate, Trans Code			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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)	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)	\$8.7	06/05/2024			A		24,000		(1)	06/05/2034	Common Stock	24,000	\$0	24,000	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 Grace

Colon

\*\* Signature of Reporting Person Date

06/07/2024

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

- $^{\star}$  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.