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 CHANGE	S IN BENEFICIAL	OWNERSHIP

OMB APPROVAL					
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Last) (First) (Middle) C/O VOYAGER THERAPEUTICS, INC., 75 SIDNEY STREET 4. If Amendment, Date of Original Filed (Month/Day/Year) (Street)	, I	6. Individua Line)	Officer (give title below)  See re	below) emarks	(specify							
	, I	Line)	ual or Joint/Group	E.I. (OI I								
CAMBRIDGE MA 02139  (City) (State) (Zip)		Fo	Form filed by One Form filed by Mor Person	e Reporting Per	son							
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)  (Month/Day/Year)  2. Transaction Date Execution Date, if any (Month/Day/Year)  (Month/Day/Year)  2. Transaction Date Execution Date, if any (Month/Day/Year)  2. Transaction Date Execution Date (Month/Day/Year)  3. Transaction Date (Month/Day/Year)  3. Transaction Date (Month/Day/Year)  4. Securities Account Date (Month/Day/Year)  5. Transaction Date (Month/Day/Year)  4. Securities Account Date (Month/Day/Year)  5. Transaction Date (Month/Day/Year)  5. Transaction Date (Month/Day/Year)  6. Transaction Date (Month/Day/Year)  6. Transaction Date (Month/Day/Year)  6. Transaction Date (Month/Day/Year)  6. Transaction Date (Month/Day/Year)  7. Transaction Date (Month/Day/Year)  8. Transaction Date (Month/Day/Year)  8. Transaction Date (Month/Day/Year)  8. Transaction Date (Month/Day/Year)  8. Transaction Date (Month/Day/Year)  9. Transac		4 and Sec Bei Ow	Amount of ecurities eneficially wned Following eported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)							
Code V Amount (A	A) or D) Price	co Tra	ransaction(s) nstr. 3 and 4)		(11301. 4)							
Common Stock 02/11/2021 S 3,475 <sup>(1)</sup>	D \$7.	7.55 <sup>(2)</sup>	53,025	D								
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
Derivative Security (Instr. 3) Price of Derivative Security Securi	Fitle and count of curities derlying rivative curity (Instr. nd 4)  Amount or Number of	nt	tive derivative ty Securities	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)							

## **Explanation of Responses:**

- 1. Represents shares of common stock sold, pursuant to a durable automatic sales instruction letter effecting the sell-to-cover election of the reporting person to satisfy tax withholding obligations, in connection with the vesting of restricted stock units on February 10, 2021. The reporting person structured the durable automatic sales instructions to constitute a "binding contract" consistent with the affirmative defense to liability under Rule 10b5-1. The sales do not represent a discretionary trade by the reporting person.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$7.12 to \$7.65, inclusive. The reporting person undertakes to provide to Voyager Therapeutics, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnote (2) to this Form 4

## Remarks:

Chief Medical Officer and Head of Research & Development.

/s/ Allison Dorval, as Attorney-in-Fact for Omar

02/16/2021

**Khwaja** 

\*\* 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.