FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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l	OMB APPRO	VAL
l	OMB Number:	3235-0287
l	Estimated average burde	en
l	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

1. Name and Address of Reporting Person* <u>Higgins Michael J</u>					2. Issuer Name and Ticker or Trading Symbol Voyager Therapeutics, Inc. [VYGR]								Relationship neck all app X Direc	icable)	g Pers	son(s) to Issi 10% Ow	
(Last) (First) (Middle) C/O VOYAGER THERAPEUTICS, INC. 75 SIDNEY STREET					3. Date of Earliest Transaction (Month/Day/Year) 06/29/2017								Office below	r (give title r)		Other (s below)	pecify
(Street) CAMBRIDGE MA 02139 (City) (State) (Zip)				_	4. If Amendment, Date of Original Filed (Month/Day/Year) ative Securities Acquired, Disposed of, or Benefic						Lin	Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
1. Title of Security (Instr. 3) 2. Transac Date			2. Transact	2A. Deemed Execution Date,		3. Transacti Code (Ins	3. Transaction Code (Instr. 5) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)			ed (A) or	5. Amo Securit Benefic	unt of es ially Following	Form (D) o	orm: Direct D) or Indirect) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (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	Date (Month/Day/Year) i	3A. Deemed Execution Dat if any (Month/Day/Yo	Cod	nsaction le (Instr			6. Date Exercisable a Expiration Date (Month/Day/Year)		d 7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		ies g Security	8. Price of Derivative Security (Instr. 5)		e Owners Form Direct or Inc (I) (In	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Cod	le V	(A)	(D)	Date Exercisable	Expirati Date		Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$9.06	06/29/2017		A		15,000		(1)	06/29/20)27	Common Stock	15,000	\$0	15,00	0	D	

Explanation of Responses:

1. This stock option award was granted under Voyager Therapeutics, Inc.'s 2015 Stock Option and Incentive Plan pursuant to the Company's Amended and Restated Non-Employee Director Compensation Policy and will vest in full upon the first anniversary of the grant, subject to Mr. Higgins' continued service on the Board of Directors.

/s/ Shannyn Gaughan, As

06/30/2017 Attorney-in-Fact for Michael

Higgins

** 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.