FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549	

TATEMENT	OF CHAI	IGES IN B	BENEFICIAL (OWNERSHIP

OMB APPROVAL											
OMB Number:	3235-0287										
Estimated average burden											
hours per respons	e 0.5										

to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

Name and Address of Reporting Person* Carter Todd Alfred					2. Issuer Name and Ticker or Trading Symbol Voyager Therapeutics, Inc. [VYGR]									k all app Direc	tor	ng Pei	10% Ov	vner	
(Last)	,	rst) (M	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/20/2023								X	belov	er (give title v) Chief Scier	ntific	Other (s below) Officer	specify	
64 SIDNEY STREET				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)														X	Form	filed by On	e Rep	orting Perso	on
	IDGE M	A 0	2139												Form filed by More than One Reporting Person				
(City)	(St	ate) (Z	Zip)		Rul	le 10)b5-	1(c)	Tran	sac	tion Indi	catio	on						
						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.													
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired	, Dis	posed of	, or E	Benefi	cially	/ Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da			Execution Date,		Date,			es Acquired (A) o Of (D) (Instr. 3, 4			Securi Benefi Owned	ities Folicially (D		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount	(A) (D)	or Prio	e:e	Report Transa (Instr.	action(s) 3 and 4)			(Instr. 4)		
Common Stock			03/20/2	0/2023				S ⁽¹⁾		2,193(1)	193 ⁽¹⁾ D \$.76 ⁽²⁾	65,360			D		
		Tal	ole II -								osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	ve Conversion Date Execution Date, Transac or Exercise (Month/Day/Year) if any Code (II			of	r osed (c. 3, 4	Expiration (Month/Day ties ed		ite	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Der Sec (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	ode V (A) (D)		Date Exercis	sable	Expiration Date	Title	Amour or Number of Shares	r						

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 March 19, 2023. 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 \$7.58 to \$7.94, inclusive. The Reporting Person undertakes to provide in footnote (2) to this Form 4.

/s/ Robert Hesslein, as 03/22/2023 Attorney-in-Fact for Todd Carter

** 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.