FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL							
	OMB Number:	3235-0287						
	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

Name and Address of Reporting Person*     Dorval Allison						2. Issuer Name <b>and</b> Ticker or Trading Symbol  Voyager Therapeutics, Inc. [ VYGR ]							of Reporting cable) or r (give title	g Perso	on(s) to Issu 10% Ow Other (s)	ner
					3. Date of Earliest Transaction (Month/Day/Year) 11/07/2018							X Ollicer (give title Other (spe below) below)  Chief Financial Officer				
(Street) CAMBRIDGE MA 02139 (City) (State) (Zip)				Dorivo	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable e)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					2A. Deemed Execution Date,			3. Transacti Code (Ins	Transaction Disposed Of (D) (Instr. 3, 4			5. Amou Securiti Benefic	int of es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct C Indirect E tr. 4) C	7. Nature of Indirect Beneficial Ownership (Instr. 4)
		-	Table II - De					Code vuired, Dis	posed o	f, or Ben	eficiall	Transac (Instr. 3	tion(s)			
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	Co	ınsactio de (Inst	5. Number n of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		Derivative Security	9. Number derivatives Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e O's Fo	1.0. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Co	de V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$13.99	11/07/2018		A		45,000		(1)	11/07/2028	Common Stock	45,000	\$0	45,000		D	

## Explanation of Responses:

1. This stock option was issued pursuant to the Voyager Therapeutics, Inc. 2015 Stock Option and Incentive Plan. The vesting commencement date (the "Vesting Commencement Date") of the option is the grant date, November 7, 2018. The option vests over four years, with 1/48th of the shares of common stock underlying the option vesting upon the one-month anniversary of the Vesting Commencement Date and an additional 1/48th of the shares of common stock underlying the option vesting at the end of each successive one-month period thereafter, subject to the Reporting Person's continued service.

/s/ Allison Dorval

11/09/2018

\*\* Signature of Reporting Person

Date

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.