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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

۷	Vas	hing	ton,	D.C.	20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

(I) (Instr. 4)

Following Reported Transaction(s)

(Instr. 4)

							30(h) of the I			' '							
1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol Voyager Therapeutics, Inc. [VYGR]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Turenne Andre						Tojuger Therapeaties, me. [v role]							X [Director	10%	Owner	
(Last) (First) (Middle)						Date of Earliest Transaction (Month/Day/Year)						\dashv		Officer (give title elow)	Other below	(specify	
C/O VOYAGER THERAPEUTICS, INC.,						01/12/2021							President & CEO				
75 SIDNEY STREET																	
l					4. If A	Amend	ment, Date o	of Origin	al File	d (Month/Day	/Year)	6. Lir		al or Joint/Grou	ıp Filing (Check	Applicable	
(Street) CAMBRIDGE MA 02139													X Form filed by One Reporting Person				
,———	abge wi		2137											orm filed by Mo Person	ore than One Re	porting	
(City)	(St	ate) (2	Zip)														
		Table	I - No	n-Deriva	tive S	Secui	rities Acc	uired	, Dis	posed of,	or Bei	neficia	ally O	wned			
1. Title of	Security (Ins		I - No	2. Transact Date (Month/Day	ion	2A. De Execu	eemed ution Date,	3. Transa Code (8)	ction	posed of, 4. Securities Disposed Of 5)	Acquired	(A) or	5. Se Be	Amount of curities eneficially vned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
1. Title of	Security (Ins		I - No	2. Transact Date	ion	2A. De Execu	eemed ution Date,	3. Transa Code (ction	4. Securities Disposed Of	Acquired	(A) or	d 5. Se Be O' Re Tr	Amount of curities eneficially	Form: Direct (D) or Indirect	of Indirect Beneficial	
1. Title of a			I - No	2. Transact Date	ion //Year)	2A. De Execu	eemed ution Date,	3. Transa Code (8)	ction Instr.	4. Securities Disposed Of 5)	Acquired (D) (Instr.	I (A) or . 3, 4 an	5. Se Be O' Re Tr (Ir	Amount of curities eneficially when Following eported ensaction(s)	Form: Direct (D) or Indirect	of Indirect Beneficial Ownership	
		tr. 3)		2. Transact Date (Month/Day	ion y/Year) 021	2A. Do Execu if any (Mont	eemed ution Date, :h/Day/Year)	3. Transa Code (8) Code	v Disp	4. Securities Disposed Of 5)	Acquired (D) (Instr.	Price \$8.62	5. Se Be O' Re Tr (Ir	Amount of curities ineficially whed Following ported ansaction(s) str. 3 and 4)	Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership	

Explanation of Responses:

Security

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 January 11, 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.

(D)

Date Exercisable

Expiration Date

(A) or Disposed of (D)

(Instr. 3, 4

and 5)

(A)

2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$8.45 to \$8.75, 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

> /s/ Allison Dorval, as attorney-01/14/2021 in-fact for Andre Turenne

** Signature of Reporting Person Date

Security (Instr. 3 and 4)

Amount Number

of Shares

Title

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).

Code

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.