FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

VIIIEO 7	711L			UU
Washington	D.C	20549		

<u> </u>	OMB APPROVAL		
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287	

	Check this box if no longer subject to
1	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

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

Check this box to indicate that a
transaction was made pursuant to a
contract, instruction or written plan
for the purchase or sale of equity
securities of the issuer that is
intended to satisfy the affirmative
defense conditions of Rule 10b5-
1(c) See Instruction 10

1(c). Se	ee Instructio	n 10.																		
Name and Address of Reporting Person* Carter Todd Alfred				2. Issuer Name and Ticker or Trading Symbol Voyager Therapeutics, Inc. [VYGR]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify				wner						
(Last) (First) (Middle) C/O VOYAGER THERAPEUTICS, INC. 75 HAYDEN AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 01/14/2025							below) Chief Scientific Officer								
(Street) LEXINGTON MA 02421 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person Person							
			Table	I - No	n-Deriva	tive	Secu	rities	Acq	uired,	Dis	posed of	, or E	Bene	ficially	/ Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			4 and Securitie Benefici		ties cially I Following	Form (D) o	n: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
									Code	v	Amount	(A) (D)	or P	rice	Transaction(s) (Instr. 3 and 4)				(1150.4)	
Common	Stock				01/14/2	2025			S		1,191	D	\$	5.13(1)	3(1) 86,436			D		
			Tab	ole II -								osed of, convertib				Owne	d			
Security or Exercise (Month/Day/Year) if any		emed ion Date, /Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerci Expiration Da (Month/Day/Yo		ite	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In:	Price of rivative curity str. 5)	tive derivative ity Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershi (Instr. 4)			
						Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amor or Numl of Share	ber					

1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$5.05 to \$5.30, 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 (1) to this Form 4.

> /s/ Scott MacDonald, as 01/15/2025 Attorney-in-Fact for Todd Alfred Carter

** Signature of Reporting Person

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.