FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

moduc	.uom 1(b).			1 1100		ion 30(h) of the						-		L'			
1. Name and Address of Reporting Person [*] <u>Henderson Jane</u>					2. Issuer Name and Ticker or Trading Symbol Voyager Therapeutics, Inc. [VYGR]						(Ch	eck all applic	able) r	g Person(s) to Issue		ner	
	(Last) (First) (Middle) C/O VOYAGER THERAPEUTICS 75 SIDNEY STREET			3. Date of Earliest Transaction (Month/Day/Year) 03/07/2018						- :	X Officer below)	Officer (give title below) Sr. V.P. & CFO					
(Street) CAMBRIDGE MA 02139 (City) (State) (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Tak	le I - Non	-Deriva	ative Se	curities Ac	quired	Disp	osed o	of, or	r Bene	eficiall	y Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			Execution Date,		Code (Instr. 5)				Securitie Beneficia Owned F	eneficially wned Following		Direct C Indirect E tr. 4)	7. Nature of Indirect Beneficial Ownership				
					Code	v	Amount		(A) or (D)	Price	Reported Transact (Instr. 3 a	tion(s)			(Instr. 4)		
		-				urities Acq s, warrants	,		,	•		•	Owned				
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction 3A. Deemed Execution Date Execution Date, Transaction		ansaction ode (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

\$28.72

Stock Option

Buy)

(Right to

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. 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 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.

Date

Exercisable

(1)

(D)

Expiration

03/07/2028

/s/ Jane Henderson

Title

Commo

Stock

03/09/2018

65,000

** Signature of Reporting Person

Amount Number

Shares

65,000

\$0

Date

D

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).

03/07/2018

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code

Α

(A)

65,000

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.