FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | 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 | | | | | | | | | |

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

| 1. Name and Address of Reporting Person* <u>DIXON WENDY L</u> | | | | 2. Issuer Name and Ticker or Trading Symbol Voyager Therapeutics, Inc. [VYGR] | | | | | | | | (Ch | Relationship eck all appli X Directo | , | | on(s) to Issu | | |
|--|---|------------|--|---|--|-----|--------|---------------------|---|--|----------|--|---|---|---|--------------------|---|--|
| (Last) (First) (Middle) C/O VOYAGER THERAPEUTICS, | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/04/2020 | | | | | | | | | Officer below) | (give title | | Other (s below) | pecify | |
| 75 SIDNEY STREET | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | IDGE M | A | 02139 | | | | | | | | Line | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) | | | | Benefici | es For ally (D) following (I) (I | | rm: Direct or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | | Code | , | Amount | (A) or (D) | Price | Transaci (Instr. 3 | tion(s) | | | Instr. 4) | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Date if any (Month/Day/Yea | ate, Tr | Code (Insti | | | | 6. Date Exercisable an Expiration Date (Month/Day/Year) | | | 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | lly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Code | | | | | v | (A) | (D) | Date Exercisable | | piration te | Title | Amount or Number of Shares | nber | | | | | |
| Stock Option (Right to Buy) | \$11.79 | 06/04/2020 | | | A | | 15,000 | | (1) | 06/ | /04/2030 | Common Stock | 15,000 | \$0 | 15,000 |) | D | |

Explanation of Responses:

1. This stock option was issued pursuant to the 2015 Stock Option and Incentive Plan of Voyager Therapeutics, Inc. in accordance with its director compensation policy. The vesting commencement date (the "Vesting Commencement Date") of the option is the grant date. All of the shares of common stock underlying the option vest upon the one-year anniversary of the Vesting Commencement Date, subject to the Reporting Person's continued service.

/s/ Allison Dorval, as Attorney-06/05/2020 in-Fact for Wendy L. Dixon

** 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.