SEC For	m 4 FORM	4	UNITED) STA	TES	S SE		ITIE	ES AND	EXC	HAI	NGE C	оммі	SSION					
						_			ngton, D.C. 2							OMB APPROVAL			
Section 16. Form 4 or Form 5 obligations may continue. See				T OF CHANGES IN BENEFICIAL OWNERSHIP											OMB Number: 3235-0287 Estimated average burden hours per response: 0.5				
1. Name and Address of Reporting Person [*] GERAGHTY JAMES A								ker or Tradin eutics, In		(Ch	5. Relationship of Reporting Person(s) to Issue (Check all applicable) X Director 10% Own								
(Last) (First) (Middle) C/O VOYAGER THERAPEUTICS, INC.,						3. Date of Earliest Transaction (Month/Day/Year) 06/03/2021								Officer (give title Other (spec below) below)					
75 SIDNEY STREET					4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) CAMBRIDGE MA 02139													X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	itate)	(Zip)																
		Tab	ole I - Nor	n-Deriva	ative	e Sec	curities	s Ac	quired, D	ispose	d o	f, or Bei	neficial	y Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				ay/Year) if		2A. Deemed Execution Date, f any (Month/Day/Yea		Code (Ins				, 4 and Securities Beneficial Owned Fo		Form (D) or	n: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code \	/ Amo	mount (A) or (D) F		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
		-							uired, Dis , options					Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3, Transaction Date (Month/Day/Year)	3A. Deemer Execution I if any (Month/Day	Date, T	ransa Code (I		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisabl Expiration Date (Month/Day/Year)		of Securities		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transaction (Instr. 4)	e s Illy J	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				c	code	v	(A)	(D)	Date Exercisable	Expirat Date	ion	Title	Amount or Number of Shares						
Stock Option (Right to Buy)	\$4.23	06/03/2021			A		15,000		(1)	06/03/2	031	Common Stock	15,000	\$0	15,000	D	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-	00/04/2021
/s/ Allison Dorval, as Attorney- in-Fact for James A. Geraghty	06/04/2021

** 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.