FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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<i>N</i> ashington,	D.C.	20549

## 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

Name and Address of Reporting Person*     Colon Grace						2. Issuer Name <b>and</b> Ticker or Trading Symbol  Voyager Therapeutics, Inc. [ VYGR ]							(Ch	Relationship of Reporting Person(s) to Issu (Check all applicable)     X Director 10% Own				
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/06/2023									(give title		Other (specification)	
C/O VOYAGER THERAPEUTICS, INC., 64 SIDNEY STREET					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person					
(Street)	RIDGE M	ΙA	02139											Form filed by More than One Reporting Person				
(City)	(S	tate)	(Zip)		Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									d to				
		Tab	le I - Noi	n-Deriv	ative :	Sec	urities	s Ac	quired, D	isp	osed o	f, or Be	neficial	ly Owne	t			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Execution Date,			Code (Ins	Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5)				Benefici Owned	es Fo ally (D Following (I)	Form (D) or	rm: Direct of E or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) or (D) Prid		Reporte Transac (Instr. 3	tion(s)				
		Т							uired, Dis , options					Owned				
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise (Instr. 3) Price of Derivative Security			Date,		ransaction of Code (Instr. Derivati			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount 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)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
Code V (A) Date Exercis					Date Exercisable		piration te	Title	Amount or Number of Shares									
Stock Option (Right to Buy)	\$12.57	06/06/2023			A		22,000		(1)	06/	/06/2033	Common Stock	22,000	\$0	22,000		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 earlier of the one-year anniversary of the Vesting Commencement Date or the date of the next annual meeting of stockholders, in each case subject to the Reporting Person's continued service as a director.

/s/ Scott MacDonald, as

Attorney-in-Fact for Grace E. 06/07/2023

Colon

\*\* 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.