SEC Form 4	
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(Street)

## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVA

					ROVAL			
Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMEN	T OF CHANGES IN BENEFICIAL OWN	OMB Number: 3235-028 Estimated average burden hours per response: 0					
obligations may continue. See Instruction 1(b).	Filed	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 Swartz Robin	*	2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Voyager Therapeutics, Inc.</u> [ VYGR ]	(Check all applicat Director	, 10	% Owner			
(Last) (First) C/O VOYAGER THERAPEUTICS	(Middle) 5, INC.,	3. Date of Earliest Transaction (Month/Day/Year) 01/17/2024	X Officer (gi below) Chie:		her (specify low) cer			
75 HAYDEN AVENUE		4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joir Line)	nt/Group Filing (Che	eck Applicable			

LEXINGTON	MA	02421
(City)	(State)	(Zip)

Form filed by One Reporting Person Form filed by More than One Reporting Person

X

Rι	ale 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.

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150. 4)	
Common Stock	01/17/2024		<b>S</b> <sup>(1)</sup>		2,543(1)	D	<b>\$7.15</b> <sup>(2)</sup>	72,327 <sup>(3)</sup>	D		

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

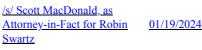
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of Ex		6. Date Exerc Expiration Da (Month/Day/Y	7. Title and Amount of Securities Underlying Derivative 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)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

## Explanation of Responses:

1. Represents shares of common stock sold, pursuant to a durable automatic sales instruction letter effecting the sell-to-cover election of the reporting person to satisfy tax withholding obligations, in connection with the vesting of restricted stock units on January 13, 2024. The sales do not represent a discretionary trade by the reporting person.

2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$7.04 to \$7.27, 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 (2) to this Form 4.

3. Includes 3,253 shares of common stock acquired under the Voyager Therapeutics, Inc. 2015 Employee Stock Purchase Plan since the date of the reporting person's last Form 4.



\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\ast}$  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.