FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
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- 1	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

								investment.		, , , , , , , ,								
1. Name and Address of Reporting Person* PIERCE GLENN					2. Issuer Name and Ticker or Trading Symbol Voyager Therapeutics, Inc. [VYGR]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
FIERCE GLENN													Director	r	10	0% Ow	ner	
(Last)	Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 06/05/2024							Officer below)	(give title		ther (s _l elow)	pecify	
C/O VOYAGER THERAPEUTICS, INC.						If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable					
75 HAYDEN AVENUE					4. II Amendment, Date of Original Filed (Month/Day/Year)						Line	Line) Form filed by One Reporting Person						
													Form filed by More than One Reporting					
(Street)													Form f Persor		than One	Report	ing	
LEXING	TON M	ΙA	02421	⊢									. 0.001	•				
-				Rule 10b5-1(c) Transaction Indication														
(City) (State) (Zip)						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.												
1. Title of S	Security (Ins	tr. 3)	2.	. Transactio	n	2A. Deem	ed	3.		4. Securi	ties Acquire	ed (A) or	5. Amou	nt of	6. Ownersh	ip 7	. Nature	
Date				Date Month/Day/	Execution Date, if any (Month/Day/Yea		Transaction Dispose Code (Instr. 5)		d Of (D) (Instr. 3, 4 and		Beneficia Owned F	ally ollowing	Form: Dire (D) or Indir (I) (Instr. 4)	ect E	of Indirect Beneficial Ownership			
								Code	<i>,</i>	Amount (A) or (D)		Price	Transact	Reported Transaction(s) (Instr. 3 and 4)		1	nstr. 4)	
										. 61 . 1 . 11	, ,							
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
1. Title of	f 2. 3. Transaction 3A. Deemed 4. 5. Number 6. Date Exercisable and				ble and	7. Title an	d Amount	8. Price of	9. Number	of 10.		11. Nature						
Derivative Security (Instr. 3)	ve Conversion Date Execution Date, T or Exercise (Month/Day/Year) if any		Code	ransaction of ode (Instr. Derivative			Expiration Date (Month/Day/Year) of Securities Underlying Derivative Sect (Instr. 3 and 4)				g Security	Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported Transaction	y Form Direct or In (I) (Ir		of Indirect Beneficial Ownership (Instr. 4)		
						3, 4 and 5)								(Instr. 4)				
												Amount or Number						
				Code	v	(A)	(D)	Date Exercisable		cpiration ate	Title	of Shares						
Stock				\neg			П		\top									
Option (Right to Buy)	\$8.7	06/05/2024		A		24,000		(1)	06	5/05/2034	Common Stock	24,000	\$0	24,000		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 Glenn

06/07/2024

Pierce

** 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.