FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| A / a a la i a a 4 a a | D C  | 20540 |
|------------------------|------|-------|
| Vashington,            | 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

| 1. Name and Address of Reporting Person* SCANGOS GEORGE A                               |         |            |            |         |  | 2. Issuer Name and Ticker or Trading Symbol Voyager Therapeutics, Inc. [ VYGR ]  |          |  |                                      |  |   |   | (Ch  | Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner |  |   |  |  |
|---|---------|------------|------------|---------|--|--|----------|--|--------------------------------------|--|---|---|--|---|--|---|--|--|
| (Last)  | (F      | irst)      | (Middle)   |         |  | 3. Date of Earliest Transaction (Month/Day/Year) 06/06/2023  |          |  |                                      |  |   |   | Officer<br>below)  | (give title   | Other (<br>below)  | specify   |  |  |
| C/O VOYAGER THERAPEUTICS, INC.,<br>64 SIDNEY STREET                                     |         |            |            | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) |  |          |  |                                      |  | Line  | 6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person |  |   |  |   |  |  |
| (Street)  | RIDGE M | IA         | 02139      |         |  |  |          |  |                                      |  |   |   |  |   | Form filed by More than One Reporting Person                       |   |  |  |
| (City)  | (S      | itate)     | (Zip)      |         |  | Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plant satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. |          |  |                                      |  |   |   | lan that is intend   | ed to   |  |   |  |  |
|   |         | Tab        | le I - Noi | n-Deriv | ative  | Sec  | curities | s Ac   | quired, D                            | ispo   | osed o  | f, or Be  | neficial   | ly Owned  | ł  |   |  |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Da                              |         |            |            |         | Execution  |  | Date,    | Code (Ins  | Transaction Disposed Code (Instr. 5) |  | rities Acquired (A) o<br>ed Of (D) (Instr. 3, 4 a |   | Benefici   | es Fo<br>ally (D)<br>Following (I)  | o. Ownership<br>Form: Direct<br>D) or Indirect<br>I) (Instr. 4)    | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |  |  |
|   |         |            |            |         |  |  |          | Code   | v .                                  | Amount   | (A) o<br>(D)                                      | r Price   | Transac<br>(Instr. 3   | tion(s)   |  | Instr. 4)   |  |  |
|   |         | Т          |            |         |  |  |          |  | uired, Dis<br>, options              |  |   |   |  | Owned   |  |   |  |  |
| Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any |         |            |            |         | ransaction of ode (Instr. Derivative                     |  |          | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                                      | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative Security<br>(Instr. 3 and 4) |   | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)   | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4)                             | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |   |  |  |
|   |         |            |            |         | Code   | v  | (A)      | (D)  | Date<br>Exercisable                  |  | oiration<br>e                                     | Title   | Amount<br>or<br>Number<br>of<br>Shares   |   |  |   |  |  |
| Stock<br>Option<br>(Right to<br>Buy)  | \$12.57 | 06/06/2023 |            |         | A  |  | 22,000   |  | (1)                                  | 06/0   | 06/2033   | Common<br>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 George

06/07/2023

<u>Scangos</u>

\*\* 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.