FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

wasnington,	D.C. 2054

	OMB APPROVAL
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Section obligated	this box if no long 16. Form 4 or ions may continuition 1(b).		STA									AL OV		SHIP	[umber: ed average er respons		3235-0287 en 0.5
	nd Address of	Reporting Person*	*		or 2. Is	Sect	ion 30(h) o Name an	of the d Tic	Investmer ker or Trace	it Cor ling S	mpany Act Symbol		5.	Relationshi heck all app Dire	olicable)	orting F	()	to Iss	
(Last) 185 DAI	(F RTMOUTH	•	(Middle) 04/01/2					te of Earliest Transaction (Month/Day/Year) 1/2019						Officer (give title Other (specify below) below)					
(Street)	N M	Ā	02116		4. If	f Ame	endment, [ndment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person					n
(City)	(S	tate)	(Zip)												1 (130)				
Table I - Non-Derivative S 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)					ear)	2A. Deemed Execution Date,			3. Transaction		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		or 5. Amoun		F:	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								•	Code	v	Amount	(A) or (D)	Price	Reported (Inst				(Instr. 4)	
		-	Table II -									or Bend			i				
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. Transactior Code (Instr. 8)		n of E		6. Date Ex	6. Date Exercisab Expiration Date (Month/Day/Year)		of Securities		t 8. Price of Derivative Security	deriv Secu Bene Own Follo Repo	owing orted saction(Ownershi Form: ly Direct (D) or Indirec (I) (Instr. 4	n: ct (D) direct	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amoun or Numbe of Shares						
Employee Stock Option (Right to Buy)	\$15.5	04/01/2019			A		13,500		(1)		(1)	Common Stock	13,50	\$0.00	13	3,500 ⁽¹⁾	Ι) (1)	
	nd Address of Fund IV,	Reporting Person*							•				,	•	•		•		
(Last) 185 DAI	RTMOUTH	(First) STREET	(Midd	ile)															
(Street)	N	MA	0211	16															
(City)		(State)	(Zip)																
1. Name a	nd Address of	Reporting Person*	k .																

(First) UTH STREET	(Middle)						
MA	02116						
(State)	(Zip)						
	1*						
(First) UTH STREET	(Middle)						
MA	02116						
(State)	(Zip)						
1. Name and Address of Reporting Person* Omega Fund IV G.P. Manager, Ltd.							
(First)	(Middle)						
	MA (State) ress of Reporting Person d IV GP, L.P. (First) OUTH STREET MA (State) ress of Reporting Person d IV G.P. Manage	MA 02116 (State) (Zip) ress of Reporting Person* d IV GP, L.P. (First) (Middle) OUTH STREET MA 02116 (State) (Zip) ress of Reporting Person* d IV G.P. Manager, Ltd.					

BOSTON	MA	02116
(City)	(State)	(Zip)
1. Name and Address of Stampacchia Of		
(Last) 185 DARTMOUTE	(First) H STREET	(Middle)
(Street) BOSTON	MA	02116
(City)	(State)	(Zip)
1. Name and Address of Lim Richard J.		
(Last) 185 DARTMOUTE	(First) I STREET	(Middle)
(Street) BOSTON	MA	02116
(City)	(State)	(Zip)
1. Name and Address of Paster Anne-Ma		
(Last) 185 DARTMOUTE	(First) H STREET	(Middle)
(Street) BOSTON	MA	02116
(City)	(State)	(Zip)

Explanation of Responses:

1. The Common Stock Options (the "Options") were granted to Otello Stampacchia in his capacity as a director of the issuer on April 1, 2019 (the "Grant Date"), with the Options vesting on the first anniversary of the Grant Date. The Options expire on the tenth anniversary of the Grant Date. The Options are held directly by Mr. Stampacchia.

Remarks:

/s/ Anne-Mari Paster,
Authorized Signatory for each 04/03/2019
of the Reporting Persons

** 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.