FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL					
OMB Number:	3235-0287				
Estimated average burden					
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

					or	Secti	on 30(r	i) of the ir	ivestment	Cor	npany /	ACT OF 1S	940						
1. Name and Ad		eporting Persons for BioMe		ıl				e and Tick nerape		_	•				tionship of all applical				
Research							of Earl	liest Trans	action (Mo	onth	/Day/Y	ear)			Director Officer (g below)	ive title	X		(specify
(Last) 250 MASSA	(First)	,	Middle)		4.	. If An	nendme	ent, Date o	of Original	File	d (Mont	:h/Day/Y	ear)	6. Indiv	idual or Jo		•	g (Check A	
(Street) CAMBRIDG	E MA	()2139											X		•		n One Rep	
(City)	(State	;) (Zip)																
		Tab	le I - N	Non-De	rivativ	ve S	ecurit	ies Acc	juired, l	Dis	posed	l of, o	r Ben	eficially	Owned				
1. Title of Secu	rity (Instr.	3)		2. Trans Date (Month/		ar) E	A. Deen xecutio any Month/D		3. Transacti Code (Ins 8)			sed Of (d (A) or r. 3, 4	5. Amount Securities Beneficial Owned Following		Forn (D) o	ect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amou	nt	(A) or (D)	Price	Reported Transaction (Instr. 3 ar		(11104	,	(111501. 4)
Common Sto	ek			05/1	1/2016	5			С		3,07	9,001	A	(1)	3,079,	001		$D^{(2)}$	
Common Sto	ck			05/1	1/2016	5			С		1,72	4,240	A	(1)	4,803,	241		D ⁽²⁾	
Common Sto	ck			05/1	1/2016	5			С		492	,640	A	(1)	5,295,	881		D ⁽²⁾	
Common Sto	ck			05/1	1/2016	5			P		277	,777	A	\$18	5,573,	658		D ⁽²⁾	
			Table					es Acqu arrants,						ally Owne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	any	med on Date, if /Day/Year)	4. Trans Code (Ir		Dispos	ive	6. Date Exe Expiration (Month/Da	Date		Securitie	nd Amou es Underl re Securit		8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Beneficia Owned Followin Reporte	re es ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisabl		piration ate	Title		Amount or Number of Shares		Transact (Instr. 4)	tion(s)		
Series A-1 Preferred Stock	(1)	05/11/2016			С			4,761,905	(1)		(3)	Comi		3,079,001	\$0.00	0		D ⁽²⁾	
Series A-2 Preferred Stock	(1)	05/11/2016			С			2,666,666	(1)		(3)	Comi Sto		1,724,240	\$0.00	0		D ⁽²⁾	
Series B Preferred Stock	(1)	05/11/2016			С			761,905	(1)		(3)	Comi		492,640	\$0.00	0		D ⁽²⁾	
1. Name and A	ddress of R	eporting Person	*																

Novartis Insti	tutes for Biol	Medical Research,
(Last)	(First)	(Middle)
250 MASSACHU	SETTS AVENU	Œ
(Street)		
CAMBRIDGE	MA	02139
(City)	(State)	(Zip)

1. Name and Address of Reporting Person* NOVARTIS AG						
(Last) LICHTSTRA	(First) SSE 35	(Middle)				
(Street)						
BASEL	V8	CH4056				
(City)	(State)	(Zip)				

Explanation of Responses:

- 1. Each share of Series A-1 Preferred Stock, Series A-2 Preferred Stock and Series B Preferred Stock was automatically converted into 0.6465903 of a share of Common Stock upon the closing of the Issuer's initial public offering without payment of further consideration.
- 2. The shares are held directly by Novartis Institutes for BioMedical Research, Inc. ("NIBRI"). NIBRI is an indirect wholly-owned subsidiary of, and controlled by, Novartis AG.
- 3. Not applicable.

Remarks:

NOVARTIS INSTITUTES
FOR BIOMEDICAL
RESEARCH, INC., By: /s/
Scott Brown, Vice President
and General Counsel
NOVARTIS AG, By: /s/ Katja
Roth Pellanda and /s/
Christian Rehm

05/11/2016

** 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.