FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	20549
vasilligton,	D.O.	20070

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-028								
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* Rhodes Jason P					2. Issuer Name and Ticker or Trading Symbol <u>Dyne Therapeutics, Inc.</u> [DYN]						(Ch	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last)	(Fi	rst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/22/2024							Officer below)	(give title	Other below)	(specify
1560 TRAPELO ROAD				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) WALTH	AM M	A	02451											iled by More	Reporting Pers than One Rep	I
(City)	(S	tate)	(Zip)		Rı	ule 1	10b5-	1(c)	Transac	ction Ind	ication	,				
									icate that a trar defense condi					n or written pl	lan that is intende	ed to
		Tab	le I - Non	-Deriv	/ativ	e Sec	curities	s Ac	quired, Di	isposed c	f, or Be	neficiall	y Owned			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Date		Date,	Code (Ins	on Dispose			5. Amour Securitie Beneficia Owned F	es Formially (D) (I) (I	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
							Code V	Amount	Amount (A) or (D)		Reported Transact (Instr. 3 a	ion(s)		(Instr. 4)		
		1							uired, Dis , options,				Owned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Execution Date (Month/Day/Year) (Month/Day/Year)		ate,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		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((Instr. 4)	Ownershi Form: Direct (D) or Indirec (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				
Stock option (right to buy)	\$31.53	05/22/2024			A		25,133		(1)	05/21/2034	Common Stock	25,133	\$0.00	25,133	D ⁽²⁾	

Explanation of Responses:

- 1. This option was granted on May 22, 2024. The shares underlying the option are scheduled to vest in full on the earlier of (i) May 22, 2025 or (ii) the date of the Issuer's 2025 Annual Meeting of Stockholders,
- 2. The Reporting Person is a member of Atlas Venture Associates XI, LLC and is obligated to transfer the economic benefit, if any, received upon the sale of the shares issuable upon exercise of the option to Atlas Venture Life Science Advisors, LLC. As such, the Reporting Person disclaims beneficial ownership of the securities reported herein for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, except to the extent of his pecuniary interest therein, if any.

/s/ Ommer Chohan, Attorney-05/24/2024 in-Fact

** 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.