SEC Form 4

FORM 4

1560 TRAPELO ROAD

JNITED STATES SECURITIES AND EXCHANGE COMMISSION
Weshington D.C. 20540

Washington, D.C. 20549

OMB APPROVAL

6. Individual or Joint/Group Filing (Check Applicable

Form filed by One Reporting Person

Form filed by More than One Reporting

					0111071		•
this box if no longer subject tion 16. Form 4 or Form 5	STATEMEN	T OF CHANGES IN BENEFICIAL OWN	OMB Number: 3235-028 Estimated average burden				
tions may continue. <i>See</i> ction 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			hours per respo	inse:	0.5
nd Address of Reporting Person [*] I <u>I Wildon</u>		2. Issuer Name and Ticker or Trading Symbol <u>Dyne Therapeutics, Inc.</u> [DYN]		all applicable Director	,	10% Owner	
(First) (I	Middle)	3. Date of Earliest Transaction (Month/Day/Year) 02/12/2024	X	Officer (giv below) Chief	e title f Medical Of	Other (speci below) ficer	ту

(Street)		
WALTHAM	MA	02451
(City)	(State)	(Zip)

Rule 10b5-1(c) Transaction Indication

4. If Amendment, Date of Original Filed (Month/Day/Year)

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. X

Line)

X

Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr. Disposed Of (D) (Instr. 3, 4 and 5) Securities Free Beneficially Free (ID) 8) Owned Following (II)		Disposed Of (D) (Instr. 3, 4 and		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(1130.4)
Common Stock	02/12/2024		S ⁽¹⁾		5,493	D	\$25.07 ⁽²⁾	163,503(3)	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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. Transa Code (8)			vative rities lired r osed) r. 3, 4	6. Date Exerc Expiration Da (Month/Day/Y	ate	7. Titl Amou Secur Unde Deriv Secur 3 and	int of rities rlying ative rity (Instr.	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (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				

Explanation of Responses:

1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on July 14, 2023.

2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices within the range of \$25.00 to \$25.16, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote of this Form 4.

3. Includes 145,667 unvested RSUs



** Signature of Reporting Person

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.

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1. Name a Farwe

(Last)

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Date