| SEC Form 4   |         |              |   |  |  |   | <b>۲</b> - ۲ |                                    |          |                         | CION   |   |   |  |  |  |
|--|---------|--------------|---|--|--|---|--------------|------------------------------------|----------|-------------------------|--|---|---|--|--|--|
| FORM 4   |         | UNITE        | UNITED STATES SECURITIES AND EXCHANGE COMMISSION<br>Washington, D.C. 20549  |  |  |   |              |                                    |          |                         |  |   | OMB APPROVAL  |  |  |  |
| Check this box if no longer subject to<br>Section 16. Form 4 or Form 5<br>obligations may continue. See<br>Instruction 1(b). |         |              | Filed pu  | ursuar   | T CHANGES<br>nt to Section 16(a) of<br>ction 30(h) of the In | of the Se                               | curitie      | s Exchange A                       | ct of 19 |                         | Es   | MB Number:<br>timated average bur<br>urs per response:            | 3235-0287<br>den<br>0.5                             |  |  |  |
| 1. Name and Address of Reporting Person <sup>*</sup>   |         |              |   | 2. Issuer Name <b>and</b> Ticker or Trading Symbol<br><u>Dyne Therapeutics, Inc.</u> [ DYN ] |  |   |              |                                    |          |                         | 5. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br>X Director 10% Owner     |   |   |  |  |  |
| (Last) (First) (Middle)<br>C/O DYNE THERAPEUTICS, INC.<br>1560 TRAPELO ROAD  |         |              |   | 3. Date of Earliest Transaction (Month/Day/Year)<br>05/24/2023                               |  |   |              |                                    |          |                         | Officer (give til<br>below)  |   | (specify  |  |  |  |
|  |         |              | 4   | 4. If Amendment, Date of Original Filed (Month/Day/Year)                                     |  |   |              |                                    |          |                         | 6. Individual or Joint/Group Filing (Check Applicable<br>Line)<br>X Form filed by One Reporting Person |   |   |  |  |  |
| (Street)<br>WALTHAM MA 02451   |         |              |   |  |  |   |              |                                    |          |                         |  | Form filed by More than One Reporting<br>Person                   |   |  |  |  |
| (City)   | (State) | (Zip)        | (Zip) Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. |  |  |   |              |                                    |          | tten plan that is inter | nded to  |   |   |  |  |  |
|  | Т       | able I - Noi | n-Derivativ   | ve S   | ecurities Acqu   | uired, I                                | Disp         | osed of, o                         | r Ben    | eficially               | Owned  |   |   |  |  |  |
| Dat  |         |              | 2. Transactio<br>Date<br>(Month/Day/  |  | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)  | 3.<br>Transaction<br>Code (Instr.<br>8) |              | 4. Securities<br>Disposed Of<br>5) |          |                         | 5. Amount of<br>Securities<br>Beneficially<br>Owned Followin<br>Reported                               | 6. 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) or<br>(D) P             |          | Price                   | Transaction(s)<br>(Instr. 3 and 4)   |   | (Instr. 4)  |  |  |  |

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

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | 4.<br>Transaction<br>Code (Instr.<br>8) |   | 5. Number<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, 4<br>and 5) |     | 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) | 10.<br>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  | Expiration<br>Date | Title  | Amount<br>or<br>Number<br>of<br>Shares |   |  |  |  |
| Stock<br>Option<br>(right to<br>buy)                | \$13.49   | 05/24/2023                                 |   | A                                       |   | 24,900  |     | (1)  | 05/23/2033         | Common<br>Stock  | 24,900                                 | \$0.00  | 24,900   | D  |  |

Explanation of Responses:

1. This option was granted on May 24, 2023. The shares underlying the option are scheduled to vest in full on the earlier of (i) May 24, 2024 or (ii) the date of the Issuer's 2024 Annual Meeting of Stockholders.

## **Remarks:**

/s/ Richard Scalzo, Attorney-05/25/2023 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.