FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| - | - | _ | _ | - | | | _ | _ | - | _ | _ | - | | • |
|---|----|-----|-----|----|---|----|---|-----|----|---|---|---|------|---|
| S | sh | iin | gto | n, | D | C. | 2 | 054 | 49 | 9 | | | | |

| STATEMENT C | F CHANGES II | N BENEFICIAL | OWNERSHIP |
|-------------|--------------|--------------|------------------|

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| hours ner resnonse. | 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* Stehman-Breen Catherine | | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>Dyne Therapeutics, Inc.</u> [DYN] | | | | | | | | eck all app X Direc | licable) tor | ng Pers | son(s) to Iss | vner | | |
|--|--------|------------|------------|--------|-------|---|---|------|--|-----|--|--|--|---|--|----------------------|--|--|--|--|
| (Last) (First) (Middle) C/O DYNE THERAPEUTICS, INC. | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/05/2022 | | | | | | | | er (give title | | Other (s below) | pecify | | |
| 1560 TRAPELO ROAD | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) WALTHAM MA 02451 | | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Non | -Deriv | ative | Se | curitie | s Ac | quired | Dis | posed o | of, or Be | neficial | ly Owne | d | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution Date, | | | , Transaction Disposed Code (Instr. 5) | | ities Acquired (A) or d Of (D) (Instr. 3, 4 a | | Benefic | es Formially (D) (I) (I | | r Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | | v | Amount | (A) o (D) | Price | Transa (Instr. 3 | ction(s) | | | instr. 4) | | |
| | | | | | | | | | , or Ben ble secu | | Owned | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion Date Of Date (Month/Day/Year) 3. Transaction Date Execution Date, if any (Month/Day/Year) | | | | Date, | | Fransaction of Code (Instr. Derivative | | | 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(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Co | | | | | | v | (A) | (D) | Date Exercisal | | expiration late | Title | Amount or Number of Shares | | | | | | | |
| Stock Option (right to buy) | \$5.54 | 07/05/2022 | | | A | | 7,222 | | (1) | 0 | 7/30/2030 | Common Stock | 7,222 | \$0.00 | 7,222 | 2 | D | | | |

1. The option was granted on July 31, 2020, with 100% of the option to vest upon the clearance date of an Investigational New Drug (IND) application submitted to the U.S. Food and Drug Administration (FDA) by the Company with respect to one of its product candidates. On July 5, 2022, in connection with the clearance by the FDA of the Company's IND application for DYNE-251, the Compensation Committee determined that the performance condition had been achieved.

Remarks:

/s/ Richard Scalzo, Attorneyin-Fact ** Signature of Reporting Person

07/06/2022

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.