| SEC For | m 4 | | | | | | | | | | | | | | | | | |
|--|---|--|--|---|---|---|--|-----------|--|--------------------|---|--|---|--|---|--|--|--|
| FORM 4 UNITED | | | | STATES SECURITIES AND EXCHANGE COMMIS Washington, D.C. 20549 | | | | | | | | | | SSION OMB APPROVAL | | | /AL | |
| Section 16. Form 4 or Form 5 obligations may continue. See | | | | | d purs | JT OF CHANGES IN BENEFICIAL OWNERS pursuant to Section 16(a) of the Securities Exchange Act of 1934 | | | | | | | | SHIP OMB Number Estimated ave hours per resp | | | 0.5 | |
| 1. Name and Address of Reporting Person [*] Stehman-Breen Catherine | | | | | or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol <u>Dyne Therapeutics, Inc.</u> [DYN] | | | | | | | | 5. Relationship of Report (Check all applicable) X Director | | | norting Person(s) to Issuer 10% Owner | | |
| (Last) (First) (Middle) C/O DYNE THERAPEUTICS, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/26/2021 | | | | | | | | Officer (give title Other (specify below) below) | | | | | |
| 830 WINTER STREET (Street) WALTHAM MA 02451 | | | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) 4. If Amendment, Date of Original Filed (Month/Day/Year) 5. Individual or Joint/Group Filing (Check Line) X Form filed by One Reporting P Form filed by More than One R Person | | | | | | | | | rting Person | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Non | -Deriva | ative | e Sec | curities | s Ac | quired, Di | isposed o | of, or Be | neficial | ly Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D. | | | | | ear) if | 2A. Deemed Execution Date if any (Month/Day/Yea | | Code (Ins | | | ed (A) or str. 3, 4 and | Beneficia Owned F | s Form Ily (D) o | | n: Direct of or Indirect I nstr. 4) (| 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code V | Amount | (A) oi (D) | Price | Reported Transact (Instr. 3 a | ion(s) | | | (Instr. 4) | | |
| 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. Deeme Execution if any (Month/Day | Date, Tr | ansaction ode (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerc Expiration D (Month/Day/ | ate | able and 7. Title and An of Securities | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transaction (Instr. 4) | tive ties cially d ving ted action(s) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Co | ode | de V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | ber | | | | | |
| Stock Option (right to buy) | \$19.56 | 05/26/2021 | | | A | | 19,596 | | (1) | 05/25/2031 | Common Stock | 19,596 | \$0.00 | 19,59 | 6 | D | | |

Explanation of Responses:

1. This option was granted on May 26, 2021. The shares underlying the option are scheduled to vest in full on the earlier of (i) May 26, 2022 or (ii) the date of the Issuer's 2022 Annual Meeting of Stockholders **Remarks:**

/s/ Richard Scalzo, Attorney-in-05/27/2021

<u>Fact</u>

** 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.