FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL						
OMB Number:	OMB Number: 3235-0104					
Estimated average burden						
hours per resp	onse: 0.5					

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*  Shea Richard P  2. Date of Event Requiring Statement (Month/Day/Year) 08/28/2017			3. Issuer Name <b>and</b> Ticker or Trading Symbol SYNLOGIC, INC. [ SYBX ]							
(Last) (First) (Middle) C/O SYNLOGIC, INC.			Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner				5. If Amendment, Date of Original Filed (Month/Day/Year)			
200 SIDNEY STREET, SUITE 320			Officer (give title below)		Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street) CAMBRIDGE MA 02139						X		y One Reporting Person y More than One erson		
(City) (State) (Zip)										
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)			Beneficially Owned (Instr. 4) Form: Di		Ownership rm: Direct (D Indirect (I) str. 5)	t (D) (Instr. 5)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4)  2. Date Exercisa Expiration Date (Month/Day/Year		ate	3. Title and Amount of S Underlying Derivative S		nstr. 4) Co	nversion Exercise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
	Date Exercisable	Expiratior Date	n Title	O N O	Amount De or Se Number	ce of rivative curity	or Indirect (I) (Instr. 5)			

Explanation of Responses:

## Remarks:

No securities are beneficially owned.

/s/ William J. Bussiere, Jr., Attorney-in-fact 08/30/2017

\*\* 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 5 (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.