FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL				
	OMB Number:	3235-0287				
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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

1 Name	nd Addraga - 1	Donorting Doro*					. ,				Symbol			5 R4	elationship	of Reportin	ıa Per	son(s) to les	uer	
Name and Address of Reporting Person* Barrett Peter							2. Issuer Name and Ticker or Trading Symbol SYNLOGIC, INC. [SYBX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Barrett Peter</u>															Directo			10% Ov		
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year)								Officer below)	(give title		Other (s below)	specify	
C/O SYNLOGIC, INC.							08/28/2017													
200 SIDI	4 16	A 16 Avenue de control Date of Original Filed (Adouth ID 1977)									6. Individual or Joint/Group Filing (Check Applicable									
							4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)					
(Street)														X Form filed by One Reporting Person						
CAMBR	CAMBRIDGE MA 02139														Form filed by More than One Reporting Person				rting	
(City)	City) (State) (Zip)																			
		Tab	le I - Non	-Deriv	ative	Se	curitie	s Ac	quired,	Dis	posed o	of, or Be	nefi	cially	y Owned	I				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Execution Da			e, Transaction Dispose Code (Instr. 5)			ities Acquir d Of (D) (In:	red (A) str. 3,	or 4 and		es Forrially (D) of Following ed (I) (II)		n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D) Pr		rice	Reported Transact (Instr. 3				(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. Deemed Execution I if any (Month/Day	Date, 1	I. Fransaction Code (Instr. 8)				6. Date Ex Expiration (Month/Da	Date		Amount of			3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amo or Num of Shar	ber						
Stock Option (right to buy)	\$12.07	08/28/2017			A		2,857		(1)	C	08/28/2027	Common Stock	2,8	57	\$0.00	2,857	,	D ⁽²⁾		

Explanation of Responses:

- 1. The option vests and becomes exercisable in substantially equal installments on each of the first three anniversaries of the Transaction Date, subject to the Reporting Person continuing to provide services to the Issuer through such vesting date.
- 2. The reporting person is a member of Atlas Venture Associates IX, LLC ("AVA IX LLC") and is obligated to transfer the economic benefit, if any, received upon the sale of the shares issuable upon exercise of the equity grants to Atlas Venture Advisors, L.P. As such, the Reporting Person disclaims beneficial ownership of the securities reported herein for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, except to the extent of his pecuniary interest therein, if any.

Remarks:

/s/ Peter Barrett

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 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.