FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OMB APPROVAL OMB Number: 3235

| - 1 | | | | | | | | | |
|-----|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| | Estimated average burden | | | | | | | | |
| - 1 | hours por rosponso: | 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* Brennan Aoife | | | | | 2. Issuer Name and Ticker or Trading Symbol SYNLOGIC, INC. [SYBX] | | | | | | (Ch | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | |
|---|--|-------------------------|-----------------|----------------------------------|---|--|-----|--|--------------------|---|-------------------------------------|---|--|---|--|
| (Last) (First) (Middle) C/O SYNLOGIC, INC. 301 BINNEY STREET, SUITE 402 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/31/2018 | | | | | | | X Officer (give title Other (specify below) President and CEO | | | |
| (Street) CAMBRIDGE MA 02142 (City) (State) (Zip) | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | dividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | |
| Date | | | | Transaction te onth/Day/ | | 2A. Deemed Execution Date, if any (Month/Day/Yea | | e, Transaction Disposed Code (Instr. | | rities Acquired (A) or ed Of (D) (Instr. 3, 4 a | | 5. Amoun Securities Beneficia Owned Fo | s Fo lly (D ollowing (I) | orm: Direct I) or Indirect I (Instr. 4) (| 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | Code V | Amount | (A) o (D) | r Price | Transacti (Instr. 3 a | on(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 | (Month/Day/Year) if any | Execution Date, | ate, Transaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 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) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | 5) | |
| Stock Option (right to buy) | \$7.91 | 10/31/2018 | | A | | 150,000 | | (1) | 10/31/2028 | Common Stock | 150,000 | \$0.00 | 150,000 | D | |

Explanation of Responses:

1. The option vests and becomes exercisable as to one-fourth (1/4) of the shares on October 2, 2019, and the remainder will vest at one-forty-eighth (1/48th) of the shares per month thereafter, subject to the Reporting Person continuing to provide services to the Issuer as President and Chief Executive Officer through each such vesting date.

Remarks:

/s/ William J. Bussiere. Jr., Attorney-in-fact 11/01/2018

** 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.