SEC Form 4	
------------	--

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

STATEMENT	OF CHA	NGES IN	BENEFICIAL	OWNERSHIP
Elle di se				

Section obligat	this box if no lo n 16. Form 4 or ions may contin tion 1(b).		STAT		ed pu	irsuani	t to Sectio	n 16(a	a) of the S	Becuri	NEFICI ities Exchar ompany Act	nge Act of	VNERS 1934	HIP	Estima	Numbe ated av per res	erage burden	0.5
1. Name and Address of Reporting Person* Barrett Peter				2. Issuer Name and Ticker or Trading Symbol SYNLOGIC, INC. [SYBX]						(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner							
(Last) C/O SYN	(F NLOGIC, II	irst) NC.	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/03/2023							Officer (give title below)			Other (s below)			
301 BIN	NEY STRE	EET, SUITE 402			4.	lf Ame	endment, I	Date o	of Origina	I Filed	d (Month/Da	ay/Year)	6. Ir Line	dividual or Jo	oint/Group	Filing	(Check App	licable
(Street) CAMBR	IDGE M	ÍA	02142											X Form fil	led by More	•	rting Person One Report	
(City)	(S	State)	(Zip)															
		Та	ble I - Non	n-Deriv	/ativ	ve Se	ecuritie	s Ac	quired	, Dis	sposed o	of, or Be	eneficially	y Owned				
Date				action 2A. Deemed Execution Date if any (Month/Day/Yea			Code (Instr.			red (A) or str. 3, 4 and s	8, 4 and 5) Securities Beneficial Owned Fo		s Form Illy (D) o ollowing (I) (In		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) ((D)	Price	Price Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)
			Table II - I (oosed of converti			Owned				
Security or Exer (Instr. 3) Price of Derivat	2. Conversion or Exercise Price of Derivative Security	Exercise (Month/Day/Year) ice of privative			ransaction ode (Instr.				6. Date Exercisable and Expiration Date of Securitie (Month/Day/Year) Underlying Derivative (Instr. 3 and			ties ng e Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s	e s illy g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Ca	ode	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	-110)		
Stock Option (right to buy)	\$ 0.74	01/03/2023			Α		156,130		(1)		01/03/2033	Common Stock	156,130	\$0.00	156,13	30	D ⁽²⁾	

Explanation of Responses:

1. The options were issued to the Reporting Person pursuant to the Issuer's Amended and Restated Non-Employee Director Compensation Program and 2015 Equity Incentive Award Plan in lieu of the non-employee director board and committee cash retainers of \$81,500 in the aggregate. Such options vest in four equal quarterly installments on the last day of each calendar quarter during 2023 provided the Reporting Person continues to provide services to the Issuer.

2. The reporting person is a member of Atlas Venture Associates 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:

Ommer Chohan, Attorney-in-Fact

01/04/2023

** 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.