## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| wasnington, D.C. 2 |
|--------------------|
|                    |
|                    |

OMB ADDROVAL

| l | OIVID APPRO              | JVAL      |  |  |  |  |  |  |  |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
|   | OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |
| l | Estimated average burden |           |  |  |  |  |  |  |  |
| ı | hours per response:      | 0.5       |  |  |  |  |  |  |  |

7. Nature of Indirect Beneficial Ownership (Instr. 4)

11. Nature of Indirect Beneficial Ownership (Instr. 4)

Check this box if no longer subject to Section 16. Form 4 or Form 5

|  | ions may contir<br>tion 1(b).   | nue. See                                   |   | Fil  |   |   |   |   |            |                                     |                                      | es Exchan           |  |                                | 34  |                        |   | hours   | per re  | sponse:          | 0                                 |
|--|---|--|---|--|---|---|---|---|------------|-------------------------------------|--------------------------------------|---------------------|--|--------------------------------|---|------------------------|---|---|---|------------------|-----------------------------------|
| l  |   | Reporting Person*                          | I.D   |  | 2. I:   | ssuer   | Name a  | and Tic                                 | cker o     | or Tradin                           | g S                                  | ymbol               |  | 0                              |   |                        | all app   | ip of Reportin<br>plicable)   |   | . ,              |                                   |
| (Last) (First) (Middle) 29 NEWBURY STREET, 3RD FLOOR |   |  |   |  |   | 3. Date of Earliest Transaction (Month/Day/Year) 11/07/2016 |   |   |            |                                     |                                      |                     |  |                                |   | Offic<br>belo          | er (give title  | y   |   | (specify         |                                   |
| (Street) BOSTON MA 02116                             |   |  | 4. 11                                       | 4. If Amendment, Date of Original Filed (Month/Day/Year) |   |   |   |   |            |                                     |                                      |                     | 6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  Form filed by More than One Reporting |                                |   |                        |   |   |   |                  |                                   |
| (City)   | (Si   | tate)                                      | (Zip)                                       |  | _   |   |   |   |            |                                     |                                      |                     |  |                                |   | X                      | Pers  |   |   |                  | 9                                 |
|  |   | Tab  | le I - No                                   | n-Deri   | vative  | Sec   | curitie                                       | s Ac                                    | qui        | red, D                              | isp                                  | osed o              | f, or  | Bene                           | eficia                                      | ally                   | Own   | ed  |   |                  |                                   |
| 1. Title of Security (Instr. 3)                      |   | 2. Trans<br>Date<br>(Month                 | saction<br>/Day/Yea                         | ur) E  | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |   | T   | 3.<br>Transaction<br>Code (Instr.<br>8) |            |                                     | ies Acquired (A<br>Of (D) (Instr. 3, |                     |  | nd                             | Secur<br>Benef                              | icially<br>d Following | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) | 7. Nature<br>of Indired<br>Beneficia<br>Ownersh<br>(Instr. 4)                                   |   |                  |                                   |
|  |   |  |   |  |   |   |   |   | +          | Code V                              |                                      | Amount              | (  | (A) or<br>(D)                  | Price                                       |                        | Trans<br>(Instr.  | action(s)<br>3 and 4)   |   |                  | ,                                 |
| Common   | Stock   |  |   | <u> </u>   | 7/2016  |   |   |   |            | J <sup>(1)</sup>                    |                                      | 1,000,0             |  | D                              | (1  |                        |   | 670,348   |   | D <sup>(2)</sup> |                                   |
|  |   | Та   | able II -                                   |  |   |   |   |   |            |                                     |                                      | sed of,<br>onvertib |  |                                |   | y Oı                   | wned  |   |   |                  |                                   |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deen<br>Execution<br>if any<br>(Month/D | n Date,  | 4.<br>Transa<br>Code<br>8)                                  |   | of<br>Deriv<br>Secu<br>Acqu<br>(A) o<br>Dispo | r<br>osed<br>)<br>r. 3, 4               | Exp        | Date Exer<br>piration I<br>onth/Day | ate                                  |                     | Amor<br>Secu<br>Unde<br>Deriv  | erlying<br>vative<br>rity (In: | int of ities 's'lying (lative ity (Instr. 3 |                        | rice of<br>vative<br>urity<br>tr. 5)                              | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4 |                  | Benefici<br>Ownersh<br>(Instr. 4) |
|  |   |  |   |  | Code  | v   | (A)   | (D)                                     | Dat<br>Exe | te<br>ercisable                     |                                      | Expiration<br>Date  | Title  | Amo<br>or<br>Nun<br>of<br>Sha  |   |                        |   |   |   |                  |                                   |
| 1  |   | Reporting Person* VENTURES                 | <u>LP</u>                                   |  |   |   |   |   |            |                                     |                                      |                     |  | ·                              |   |                        |   |   |   |                  |                                   |
| (Last)   | BURY STF  | (First)<br>REET, 3RD FLO                   | (Mid  | dle)   |   |   |   |   |            |                                     |                                      |                     |  |                                |   |                        |   |   |   |                  |                                   |
| (Street)   | N   | MA   | 021   | 16   |   |   |   |   |            |                                     |                                      |                     |  |                                |   |                        |   |   |   |                  |                                   |
| (City)   |   | (State)                                    | (Zip)                                       | )  |   |   |   |   |            |                                     |                                      |                     |  |                                |   |                        |   |   |   |                  |                                   |
| l  |   | Reporting Person*                          |   |  |   |   |   |   |            |                                     |                                      |                     |  |                                |   |                        |   |   |   |                  |                                   |
| (Last)   | BURY STF  | (First)<br>REET, 3RD FLO                   | (Mid  | dle)   |   |   |   |   |            |                                     |                                      |                     |  |                                |   |                        |   |   |   |                  |                                   |
| (Street) BOSTON                                      | N   | MA   | 021   | 16   |   | -   |   |   |            |                                     |                                      |                     |  |                                |   |                        |   |   |   |                  |                                   |
| (City)   |   | (State)                                    | (Zip)                                       | )  |   | _   |   |   |            |                                     |                                      |                     |  |                                |   |                        |   |   |   |                  |                                   |
| 1. Name an   |   | Reporting Person*                          |   |  |   |   |   |   |            |                                     |                                      |                     |  |                                |   |                        |   |   |   |                  |                                   |

(Middle)

02116

(Last)

(Street) **BOSTON** 

(First) 29 NEWBURY STREET, 3RD FLOOR

MA

| (City)  | (State)                    | (Zip)    |  |  |  |  |  |  |  |  |
|---|----------------------------|----------|--|--|--|--|--|--|--|--|
| Name and Address of Reporting Person*     LEVIN MARK J        |                            |          |  |  |  |  |  |  |  |  |
| (Last) 29 NEWBURY ST  | (Middle)                   |          |  |  |  |  |  |  |  |  |
| (Street)<br>BOSTON  | MA                         | 02116    |  |  |  |  |  |  |  |  |
| (City)  | (City) (State)             |          |  |  |  |  |  |  |  |  |
| 1. Name and Address of Reporting Person* <u>STARR KEVIN P</u> |                            |          |  |  |  |  |  |  |  |  |
| (Last) (First) (Middle) 29 NEWBURY STREET, 3RD FLOOR          |                            |          |  |  |  |  |  |  |  |  |
| (Street)<br>BOSTON  | •                          |          |  |  |  |  |  |  |  |  |
| (City)  | (State)                    | (Zip)    |  |  |  |  |  |  |  |  |
| 1. Name and Address of Reporting Person*                      |                            |          |  |  |  |  |  |  |  |  |
| (Last) 29 NEWBURY ST  | (First)<br>REET, 3RD FLOOR | (Middle) |  |  |  |  |  |  |  |  |
| (Street)<br>BOSTON  | MA                         | 02116    |  |  |  |  |  |  |  |  |
| (City)  | (Zip)                      |          |  |  |  |  |  |  |  |  |

## **Explanation of Responses:**

1. On November 7, 2016, Third Rock Ventures, L.P. ("TRV") distributed, for no consideration, 1,000,000 shares of Common Stock of the Issuer (the "Shares") to its limited partners and to Third Rock Ventures GP, L.P. ("TRV GP"), the general partner of TRV, representing each such partner's pro rata interest in such Shares. On the same date, TRV GP distributed, for no consideration, the Shares it received in the distribution by TRV to its partners, representing each such partner's pro rata interest in such Shares. All of the aforementioned distributions were made in accordance with the exemptions afforded by Rules 16a-13 and 16a-9 of the Securities Exchange Act of 1934, as amended.

2. These shares are directly held by TRV. The general partner of TRV GP. The general partner of TRV GP. LLC ("TRV GP LLC"). The individual managers of TRV GP LLC are Mark Levin ("Levin"), Kevin Starr ("Starr") and Dr. Robert Tepper ("Tepper"). Each of TRV GP, TRV GP LLC, Levin, Starr and Tepper disclaims beneficial ownership of the shares except to the extent of its or his pecuniary interest therein, if any, and this report shall not be deemed an admission that it or he is the beneficial owner of such shares.

## Remarks:

/s/ Kevin Gillis, Chief Financial Officer of TRV GP, LLC, general partner of Third 11/09/2016 Rock Ventures GP, L.P., general partner of Third Rock Ventures, L.P. /s/ Kevin Gillis, Chief Financial Officer of TRV GP, 11/09/2016 LLC, general partner of Third Rock Ventures GP, L.P. /s/ Kevin Gillis, Chief Financial Officer of TRV GP, 11/09/2016 /s/ Kevin Gillis by power of 11/09/2016 attorney for Mark Levin /s/ Kevin Gillis by power of 11/09/2016 attorney for Kevin Starr /s/ Kevin Gillis by power of 11/09/2016 attorney for Robert I. Tepper \*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).