FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burden									
- 1	hours per response:	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*  Rhodes Jason P					- 3. E	2. Issuer Name and Ticker or Trading Symbol Generation Bio Co. [ GBIO ]  3. Date of Earliest Transaction (Month/Day/Year)						(Che	eck all applic Directo Officer	cable) or (give title	erson(s) to Iss 10% Ov Other (s	vner
(Last) (First) (Middle) C/O GENERATION BIO CO., 301 BINNEY ST				4. If Amendment, Date of Original Filed (Month/Day/Year)							below) below)  6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	IDGE M	[A	02142		-							1 1	Form f	led by More th	eporting Personan One Repo	
(City) (State) (Zip)			Rı	Rule 10b5-1(c) Transaction Indication												
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										
		Tab	le I - Nor	ı-Deri	vativ	e Sec	curities	s Ac	quired, Di	sposed o	f, or Be	neficiall	y Owned			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			5. Amou Securitie Beneficia Owned F Reported	s Fo ally (D ollowing (I)	orm: Direct ) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
							Code V	Amount	(A) or (D)	(A) or (D) Price		ion(s) and 4)		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	n Date,	4. Transaction Code (Instr. 8)		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) (Instr. 4)	10. 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				
Stock Option (right to buy)	\$3.32	06/06/2024			A		60,000		(1)	06/05/2034	Common Stock	60,000	\$0	60,000	D <sup>(2)</sup>	

## **Explanation of Responses:**

- 1. This option was granted on June 6, 2024. The shares underlying the option will fully vest on the earlier of: June 6, 2025 and the date of Generation Bio's 2025 annual meeting of stockholders.
- 2. The Reporting Person is a member of Atlas Venture Associates X, LLC and is obligated to transfer the economic benefit, if any, received upon the sale of the shares issuable upon exercise of the option to Atlas Venture Life Science Advisors, LLC. 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.

/s/ Ommer Chohan, Attorneyin-Fact

06/10/2024

\*\* 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.