Edgar Filing: Kim Lorence H. - Form 4

Kim Loren Form 4	ce H.										
June 27, 20								OMB A	PPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									3235-0287		
if no lo subject Section Form 4 Form 5 obligati may co	Check this box if no longer subject to Section 16.Expires:StateMent OF CHANGES IN BENEFICIAL OWNERSHIP OF Section 16.Expires: Estimate burden h responseForm 4 or Form 5 obligations may continue. See InstructionFiled pursuant to Section 16(a) of the Securities Exchange Act of 1934, 30(h) of the Investment Company Act of 1940Expires: Estimate burden h response								urs per		
(Print or Type	e Responses)										
1. Name and Address of Reporting Person <u>*</u> Kim Lorence H.			2. Issuer Name and Ticker or Trading Symbol Seres Therapeutics Inc. [MCRB]			5. Relationship of Reporting Person(s) to Issuer					
(Last)	(First)		Seres Therapeutics, Inc. [MCRB] 3. Date of Earliest Transaction				(Che	neck all applicable)			
C/O SERES THERAPEUTICS, INC., 200 SIDNEY STREET			(Month/Day/Year) 06/26/2018			X_ Director10% Owner Officer (give title below) Other (specify below)					
(Street) CAMBRIDGE, MA 02139			4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)	(Zip)	Tabl	e I - Non-l	Derivative	Securities A	cquired, Disposed	of. or Beneficia	llv Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution D any (Month/Day	l Date, if /Year)	3.	4. Securiti nAcquired Disposed (Instr. 3, 4	es (A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect		
Reminder: Ro	eport on a separate lin	e for each clas	ss of secu	rities bene	Perso inform requir	ns who res ation cont ed to respo	or indirectly. spond to the colle ained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities	D
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	S

number.

(Instr. 3)	Price of Derivative Security	(Month/Day/Y	Year) (Instr. 8)	, ,	(Instr. 3, 4,			(
			Code V	7 (A) (D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 9.09	06/26/2018	А	15,000	(1)	06/25/2028	Common Stock	15,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
1 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Director	10% Owner	Officer	Other			
Kim Lorence H. C/O SERES THERAPEUTICS, INC. 200 SIDNEY STREET CAMBRIDGE, MA 02139	Х						
Signatures							
/s/ Thomas J. DesRosier, Attorney-in-Fact		06/27/2018					
<u>**</u> Signature of Reporting Person		Date					

Explanation of Responses:

- * 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).
- (1) The option vests in full on the earlier of June 26, 2019 or the day immediately prior to the company's 2019 annual meeting of shareholders.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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