FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

	tion 1(b).			File	ed pur	suant	to Section	16(2	a) of the Secu	urities	s Exchan	ge Act of 1	934			liouis	per res	sponse.	0.5	
				1 110					Investment (001							
Name and Address of Reporting Person* Frager Clairs					2. Issuer Name and Ticker or Trading Symbol Seres Therapeutics, Inc. [MCRB]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Fraser Claire				_	Seres increpented, inc. [meta]						_	X	Directo	r		10% Ow	ner			
(Last)	(F	First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 04/04/2024										Officer below)			Other (s below)	pecify	
C/O SERES THERAPEUTICS, INC.					4 1	4. If Amendment, Date of Original Filed (Month/Day/Year)							6	6. Individual or Joint/Group Filing (Check Applicable						
101 CAMBRIDGE PARK DRIVE				7	4. Il Americanent, Date of Original Filed (Month/Day/Teal)							Lir								
					.									X	Form fi	led by One	One Reporting Person		1	
(Street) CAMBRIDGE MA 02140													Form filed by More than One Reporting Person					ting		
CAMBR	IDGE IV	IA	02140		R	Rule 10b5-1(c) Transaction Indication														
(City)	(9	State)	(Zip)		1,,,	aic	1000	1(0)	Transa	Otic)	ioation								
(State) (ZIP)							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	n-Deriv	ativ	e Se	curities	s Ac	quired, D	isp	osed o	f, or Be	neficia	lly (Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				action			A. Deemed execution Date,		3. 4. Securities Ac Transaction Disposed Of (D		ties Acquire	s Acquired (A) or		5. Amount of Securities				7. Nature of Indirect		
					(Month/Day/Year)		if any (Month/Da		Code (Ins		5)	i Oi (b) (iiis	.u. 5, 4 an		Beneficially Owned Following Reported		(D) or	or Indirect I	Beneficial Ownership (Instr. 4)	
							Code	,	Amount (A) or (D)		Price		Transaction(s) (Instr. 3 and 4)				mstr. 4)			
		-	Table II - I	Deriva	tive	Sec	urities	Aca	uired, Dis	spo	sed of,	or Ben	eficiall	v O	wned					
									, options					•						
Derivative Conversion Date Execurity Or Exercise (Month/Day/Year) if			if any	cution Date,		iction Instr.	of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		De Se (Ir	Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
													Amount or							
									Date		piration		Number of							
				- '	Code	٧	(A)	(D)	Exercisable	Da	ate	Title	Shares	_						
Stock Option (right to buy	\$0.76	04/04/2024			A		60,000		(1)	04	1/03/2034	Common Stock	60,000		\$0.00	60,000		D		

Explanation of Responses:

1. The option vests in full on the earlier of April 4, 2025 or the day immediately prior to the company's 2025 annual meeting of shareholders.

/s/ Thomas J. DesRosier, 04/08/2024 Attorney-in-Fact

** 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.