FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES

	OMB APP	ROVAL					
S IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287					
O IN BENEFICIAL OWNEROUS	Estimated average	Estimated average burden					

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

					01 0	COLIOIT	00(11) 01 11		ive Stille	iii Co	inpuny Act c	JI 13-	+0							
1. Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol Seres Therapeutics, Inc. [MCRB]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Aunins John G.				1		- F				,					Director		10%	Owner		
,																	r (give title		er (specify	
(Last)	(Fi	rst) (Middle)		3. Da	ate of E	arliest Tra	ansa	ction (N	√onth	/Day/Year)				I.	elow	,	belo	,	
C/O SERES THERAPEUTICS, INC.					04/25/2016										Chief Technology Officer & EVP					
			•																	
215 FIRST STREET				_																
					4. If	Amendr	ment, Da	ite of	Origina	al File	d (Month/Da	ıy/Yea	ar)			al or	Joint/Group	Filing (Check	Applicable	
(Street)															Line)					
CAMBRI	DGE M	Α ()2142												X Form filed by One Reporting Person					
																		e than One R	eporting	
															ŀ	Perso	OΠ			
(City)	(St	ate) (Zip)																	
		Tabl	e I - No	on-Deriva	ative	Secu	rities <i>A</i>	Acqı	uired	, Dis	posed o	f, or	r Bei	neficia	ally Ov	vne	d			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day			Execution Date,		e,	3. 4. Securities Acquired (A) of Transaction Disposed Of (D) (Instr. 3, 4				(A) or . 3, 4 and	and 5) Secu			6. Ownership Form: Direct	of Indirect					
			(Month/Day	y/Year)	ear) if any (Month/Day/Year)			Code (Instr. 8)						0	Beneficially Owned Following Reported		(D) or Indirect (I) (Instr. 4)	Ownership		
								Code	v	Amount	(A (D	A) or O)	Price	Tr	Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common	nmon Stock		04/25/2016					S ⁽¹⁾		18,640		D	\$31.9)4 ⁽²⁾	56,060		D			
		Та	ıble II -	Derivati (e.g., pu							osed of, o				y Own	ed				
L. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		f s g	8. Price Derivati Security (Instr. 5	ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
									Data		Evniration		or	mount umber						

Explanation of Responses:

1. The transactions reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on March 28, 2016.

Code V

2. The price reported is a weighted average price. These shares were sold in multiple transactions at per share prices ranging from \$31.48 to \$32.34. The Reporting Person undertakes to provide upon request to the SEC staff, the Issuer, or any stockholder of the Issuer, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

(A) (D) Exercisable Date

Remarks:

/s/ Eric D. Shaff, Attorney-in-Fact

04/27/2016

** Signature of Reporting Person

Shares

Title

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.