

OMB APPROVAL	
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**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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* <u>Nestle Health Science US Holdings, Inc.</u>  (Last) (First) (Middle) <u>C/O NESTLE USA, INC.</u> <u>383 MAIN AVE., 5TH FLOOR</u>  (Street) <u>NORWALK CT 06851</u>  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>Seres Therapeutics, Inc. [ MCRB ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director <input checked="" type="checkbox"/> 10% Owner  Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) <u>07/01/2015</u>	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			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 Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock, \$0.001 par value	07/01/2015		A		1,333,333	A	\$18	6,888,888	I	See Footnote <sup>(1)</sup>

**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 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. 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)					

1. Name and Address of Reporting Person\*  
Nestle Health Science US Holdings, Inc.  
 (Last) (First) (Middle)  
C/O NESTLE USA, INC.  
383 MAIN AVE., 5TH FLOOR  
 (Street)  
NORWALK CT 06851  
 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
NESTLE SA  
 (Last) (First) (Middle)  
AVE NESTLE 55, CH-1800  
 (Street)  
VEVEY V8  
 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
NIMCO US, Inc.  
 (Last) (First) (Middle)  
383 MAIN AVE., 5TH FLOOR

(Street)		
NORWALK	CT	06851
(City)	(State)	(Zip)

**Explanation of Responses:**

1. Held by Nestle Health Science US Holdings, Inc. Nestle Health Science US Holdings, Inc. is a wholly owned subsidiary of NIMCO US, Inc., which is a wholly owned subsidiary of Nestle S.A., a publically traded company. Each of these entities may be deemed to share voting and investment power with respect to all shares held by Nestle Health Science US Holdings, Inc. Each of the filing entities disclaims beneficial ownership of such shares except to the extent of its pecuniary interest therein.

**Remarks:**

NESTLE HEALTH SCIENCE  
US HOLDINGS, INC., By: /s/  
James Pepin, Name: James  
Pepin, Title: President 07/01/2015  
NIMCO US, INC., By: /s/ Yun  
Au, Name: Yun Au, Title:  
Chief Legal Officer 07/01/2015  
NESTLE S.A., By: /s/ David P.  
Frick, Name: David P. Frick,  
Title: Secretary to the Board of  
Directors 07/01/2015

\*\* 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.