| SEC For  | m 4   |  |   |                    |   |  |  |             |   |              |                      |   |  |  |   |                                  |  |  |  |
|--|---|--|---|--------------------|---|--|--|-------------|---|--------------|----------------------|---|--|--|---|----------------------------------|--|--|--|
| FORM 4 UNITED S  |   |  |   | ) STA              | STATES SECURITIES AND EXCHANGE COMMISSION<br>Washington, D.C. 20549                     |  |  |             |   |              |                      |   |  |  |   | OMB APPROVAL                     |  |  |  |
| Section 16. Form 4 or Form 5<br>obligations may continue. See              |   |  |   |                    |   | NT OF CHANGES IN BENEFICIAL OWNERSHIP                    |  |             |   |              |                      |   |  |  |   |                                  | OMB Number: 3235-0287<br>Estimated average burden<br>hours per response: 0.5 |  |  |
| motruo   |   |  |   | 1 110              | or  | Section  | on 30(h) o   | of the      | Investment  | Com          | pany Act             | of 1940   | 304                                    |  |   |                                  |  | ı  |  |
| 1. Name and Address of Reporting Person <sup>*</sup><br><u>Graves Kurt</u> |   |  |   |                    |   | Seres Therapeutics, Inc. [MCRB] (Ch                      |  |             |   |              |                      |   |  |  | 5. Relationship of Reporting Person(s) to Issuer<br>Check all applicable)<br>X Director 10% Owner               |                                  |  |  |  |
| (Last) (First) (Middle)<br>C/O SERES THERAPEUTICS, INC.                    |   |  |   |                    | 3. Date of Earliest Transaction (Month/Day/Year) Officer below)   06/22/2022 06/22/2022 |  |  |             |   |              |                      |   |  |  | (give title   | give title Other (specify below) |  |  |  |
| 200 SIDNEY STREET  |   |  |   |                    | 4.1   | 4. If Amendment, Date of Original Filed (Month/Day/Year) |  |             |   |              |                      |   |  | 6. Individual or Joint/Group Filing (Check Applicable<br>Line) |   |                                  |  |  |  |
| (Street)<br>CAMBRIDGE MA 02139   |   |  |   |                    | ,   |  |  |             |   |              |                      |   |  |  | Form filed by One Reporting Person<br>Form filed by More than One Reporting<br>Person                           |                                  |  |  |  |
| (City)   | (S  |  |   |                    |   |  |  |             |   |              |                      |   |  |  |   |                                  |  |  |  |
|  |   | Tab  | ole I - Nor                                       | n-Deriv            | ativ  | e Se   | curities   | s Ac        | quired, C   | Disp         | osed o               | of, or Be   | neficial                               | ly Owned   | l   |                                  |  |  |  |
| 1. Title of Security (Instr. 3)<br>2. Transa<br>Date<br>(Month/D           |   |  |   |                    |   | ear)   I   | 2A. Deemed<br>Execution Date<br>if any<br>(Month/Day/Yea   |             | Code (Instr.  |              |                      |   |  | Beneficia<br>Owned F   | es<br>ally<br>following   | Form<br>(D) of                   | r Indirect<br>str. 4)  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |  |
|  |   |  |   |                    |   |  |  |             | Code  | v            | Amount               | (A) or<br>(D) Price Reported<br>Transactio<br>(Instr. 3 an                                    |  | ion(s)   |   |                                  |  |  |  |
|  |   |  | Table II - I                                      | Deriva<br>(e.g., p | tive<br>outs,   | Secu<br>calls  | urities<br>s, warr   | Acq<br>ants | uired, Di<br>s, options                               | spo<br>s, co | osed of,<br>onvertil | or Ben<br>ble secu  | eficially<br>irities)                  | Owned  |   | -                                |  | <u> </u>   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                        | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution I<br>if any<br>(Month/Day | Date,              | 4.<br>Transa<br>Code (<br>3)  |  | 5. Number<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D) (Instr.<br>3, 4 and 5) |             | 6. Date Exercisa<br>Expiration Date<br>(Month/Day/Yea |              |                      | 7. Title and Amount<br>of Securities<br>Underlying<br>Derivative Security<br>(Instr. 3 and 4) |  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)            | 9. Number<br>derivative<br>Securities<br>Beneficia<br>Owned<br>Following<br>Reported<br>Transacti<br>(Instr. 4) | e<br>s<br>illy<br>g              | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4)     | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |   |  |   | c                  | Code  | v  | (A)  | (D)         | Date<br>Exercisable                                   |              | xpiration<br>ate     | Title   | Amount<br>or<br>Number<br>of<br>Shares |  |   |                                  |  |  |  |
| Stock<br>Option<br>(right to<br>buy)                                       | \$3.22  | 06/22/2022                                 |   |                    | А   |  | 35,000   |             | (1)   | 06           | 6/21/2032            | Common<br>Stock   | 35,000                                 | \$0.00   | 35,00   | 0                                | D  |  |  |

Explanation of Responses:

1. The option vests in full on the earlier of June 22, 2023 or the day immediately prior to the company's 2023 annual meeting of shareholders.

## Remarks:

/s/ Thomas J. DesRosier, Attorney-in-Fact

06/24/2022

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\ast}$  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.