

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF
SECURITIESFiled 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. Date of Event Requiring Statement (Month/Day/Year) <u>06/25/2015</u>	3. Issuer Name and Ticker or Trading Symbol <u>Seres Therapeutics, Inc. [MCRB]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
<u>Common Stock</u>	<u>1,944,444</u>	<u>I</u>	<u>See Footnote⁽¹⁾</u>

Table II - Derivative Securities Beneficially Owned
(e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date					Title
<u>Series D Convertible Preferred Stock</u>	<u>(2)</u>	<u>(2)</u>	<u>Common Stock</u>	<u>3,611,111</u>	<u>(2)</u>	<u>I</u>	<u>See Footnote⁽¹⁾</u>

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)		
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1. Name and Address of Reporting Person* <u>NESTLE SA</u> (Last) (First) (Middle) <u>AVE NESTLE 55, CH-1800</u> (Street) <u>VEVEY V8</u> (City) (State) (Zip)		
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1. Name and Address of Reporting Person* <u>NIMCO US, Inc.</u> (Last) (First) (Middle) <u>383 MAIN AVE., 5TH FLOOR</u> (Street) <u>NORWALK CT 06851</u> (City) (State) (Zip)		
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(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 persons disclaims beneficial ownership of such shares except to the extent of its pecuniary interest therein.
2. Each class of Series D Convertible Preferred Stock is convertible into Common Stock on a one-for-one basis and has no expiration date. Each share of Series D Convertible Preferred Stock will convert into Common Stock upon the listing of the issuer's securities on The NASDAQ Global Select Market.

Remarks:

NESTLE HEALTH SCIENCE
US HOLDINGS, INC., By: /s/
James Pepin, Name: James
Pepin, Title: President 06/25/2015
NIMCO US, INC., By: /s/ Yun
Au, Name: Yun Au, Title:
Chief Legal Officer 06/25/2015
NESTLE S.A., By: /s/ David P.
Frick, Name: David P. Frick,
Title: Secretary to the Board of
Directors 06/25/2015

** 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 5 (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.