FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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>Graves Kurt</u>			Se	2. Issuer Name and Ticker or Trading Symbol Seres Therapeutics, Inc. [ MCRB ]						(Ch	elationship eck all applic	cable)	eporting Person(s) to Issuer e) 10% Owner					
(Last)	(F	irst)				3. Date of Earliest Transaction (Month/Day/Year) 07/01/2024								Officer (give title below)		Other (specify below)		
C/O SERES THERAPEUTICS, INC. 101 CAMBRIDGE PARK DRIVE				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person							
(Street)	IDGE M	IA	02140				401.5	4 ( )						Form f Persor	iled by More	e than C	One Report	ing
(City)	(S	itate)	(Zip)		R	Rule 10b5-1(c) Transaction Indication  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 - Non	ı-Deri	vativ	e Se	curities	s Ac	quired, D	ispose	d o	f, or Bei	neficiall	y Owned				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					ear)   i	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)			ities Acquired (A) or d Of (D) (Instr. 3, 4 an			s ally following	6. Owner Form: D (D) or Ir (I) (Insti	Direct ondirect Br. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	Amo	nount (A) or P			Transact	Reported Transaction(s) (Instr. 3 and 4)			Instr. 4)	
	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. Deeme Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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)	ly OF DO (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable	Expirat Date	ion	Title	Amount or Number of Shares					
Stock Option (right to buy)	\$0.72	07/01/2024			A		64,564		(1)	06/30/2	034	Common Stock	64,564	\$0.00	64,564		D	

## **Explanation of Responses:**

1. The option vests and becomes exercisable in four equal quarterly installments occurring on October 1, 2024, January 1, 2025, April 1, 2025 and July 1, 2025, provided that if the Company's 2025 annual meeting of stockholders occurs before July 1, 2025, the final quarterly vesting installment will vest on the day immediately prior to the date of such annual meeting, in each case, subject to the reporting person continuing in service on the Board as a non-employee director through the applicable vesting date.

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

07/03/2024

\*\* Signature of Reporting Person

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

- $^{\star}$  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.