

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL	
OMB Number:	3235-0104
Estimated average burden hours per response:	0.5

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 SA</u> _____ (Last) (First) (Middle) <u>AVENUE NESTLE, 55</u> _____ (Street) <u>CH-1800, VEVEY V8</u> _____ (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) <u>09/30/2024</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) Form filed by One Reporting Person <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)
Common Stock, par value \$0.001	21,879,753	I	See Footnote ⁽¹⁾

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	Amount or Number of Shares			

1. Name and Address of Reporting Person* <u>NESTLE SA</u> _____ (Last) (First) (Middle) <u>AVENUE NESTLE, 55</u> _____ (Street) <u>CH-1800, VEVEY V8</u> _____ (City) (State) (Zip)
--

1. Name and Address of Reporting Person* <u>Societe des Produits Nestle S.A.</u> _____ (Last) (First) (Middle) <u>AVE NESTLE 55, CH-1800</u> _____ (Street) <u>VEVEY V8</u> _____ (City) (State) (Zip)

Explanation of Responses:

1. Held by Societe des Produits Nestle S.A. ("SPN"), a wholly-owned subsidiary of Nestle S.A. ("Nestle"). Nestle may be deemed to share voting and investment power with respect to the shares of Common Stock held by SPN.

SOCIETE DES 10/02/2024
PRODUITS NESTLE
S.A., By: /s/ Claudio
Kuoni, Name: Claudio
Kuoni, Title: Vice
President
NESTLE S.A., By: /s/
Anna Mohl, Name: Anna 10/02/2024
Mohl, Title: Executive
Vice President

** 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.