FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D C	20540
wasiiiigton,	D.C.	20040

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-028									
Estimated average burden									
hours per response:	0.5								

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* Henn Matthew R.				2. Issuer Name and Ticker or Trading Symbol Seres Therapeutics, Inc. [MCRB]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owne V Officer (give title Other (spe					
(Last) C/O SER	,	irst) APEUTICS, INC	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 04/27/2023							X Officer below)	specify		
200 SIDNEY STREET				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) CAMBR	IDGE M	ΙA	02139											m filed by One Reporting Person m filed by More than One Reporting son		
(City)	(S	tate)	(Zip)		R	ule 1	10b5-	1(c)	Transac	ction Inc	ication					
						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.							d to			
		Tab	le I - Non	-Deriv	vativ	e Se	curities	Acc	quired, D	isposed o	of, or Be	neficiall	y Owned			
1. Title of Security (Instr. 3) 2. Transar Date (Month/Date)					Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)		ed (A) or tr. 3, 4 and		es Form ally (D) of Following (I) (Ir	6. Ownership Form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
							Code V	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)		(Instr. 4)		
		٦	Fable II - E						uired, Dis , options,				Owned			
1. Title of Derivative Security (Instr. 3)	Conversion Date Exercise (Month/Day/Year) if		3A. Deemed Execution Di if any (Month/Day/	emed 4. ion Date, Tra		ransaction of ode (Instr. Deriv		ve es d	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)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (Right to Buy)	\$10.84	04/27/2023			A		35,000		04/27/2023	06/18/2027	Common Stock	35,000	\$0.00	70,000 ⁽¹⁾	D	

Explanation of Responses:

1. On June 19, 2017, the Reporting Person was granted an option to purchase 70,000 shares of the Issuer's common stock. The option vested and became exercisable in two equal installments upon the satisfaction of certain performance criteria. On April 27, 2023, the Issuer's Board of Directors determined that the performance criteria for the second installment were met, resulting in vesting of the option as to 35,000 shares.

Remarks:

Chief Scientific Officer and EVP

/s/ Thomas J. DesRosier, attorney-in-fact for Matthew R. 05/01/2023 Henn

** 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.