FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

| L | | | | | | |
|--------------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | |
| Estimated average burden | | | | | | |
| hours per response: | 0.5 | | | | | |

| to Section | box if no longer subject 16. Form 4 or Form 5 may continue. See 1(b). | _ | Filed pursuant to Section 16(a) of the Securities Exchange Act of 190 or Section 30(h) of the Investment Company Act of 1940 | - | OMB Number: Estimated average bu hours per response: | 3235-0287 Irden 0.5 | | | |
|--|--|----------------|--|---|---|---------------------------|--|--|--|
| Cloghessy (Last) | (First) | (Middle) | 2. Issuer Name and Ticker or Trading Symbol Seres Therapeutics, Inc. [MCRB] 3. Date of Earliest Transaction (Month/Day/Year) 07/05/2022 | 5. Relationship of I (Check all applicat Director X Officer (g below) | 10% | Owner r (specify | | | |
| (Street) CAMBRID (City) | GE (State) | 02139 (Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | Line) X Form filed Form filed Person | nt/Group Filing (Check I by One Reporting Pe I by More than One R | erson | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|------------------------------|---|--------|---------------|--------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (mou. 4) |
| COMMON STOCK | 07/05/2022 | | A | | 31,746 | Α | \$3.15 | 31,746 | D | |

| | 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. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Expiration Da | | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. 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 | | | | |

Explanation of Responses:

Remarks:

Executive Vice President, Chief People Officer

| /s/ Thomas | J. DesRosier, |
|------------------|----------------|
| attorney-in- | fact for Paula |
| <u>Cloghessy</u> | |

07/06/2022

** 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.