FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| washington, | D.C. | 20549 | |
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| CTATEMENIT | OF OUANIOES | IN DENIETION | OVANIEDOLUD |
|------------|-------------|---------------|-------------|
| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | |
| 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

| Name and Address of Reporting Person* Sallin Aymeric | | | | | 2. Issuer Name and Ticker or Trading Symbol SELECTA BIOSCIENCES INC [SELB] | | | | | (Ch | elationship of the control of the co | cable) or | g Pers | 10% Ow | ner | |
|--|--|--------------|--------------------------------------|----------------------------|--|------------------|---|--|---|--|--|--|--|--|-----|--|
| | ECTA BIC | SCIENCES, IN | (Middle) C. | | 3. Date of Earliest Transaction (Month/Day/Year) 06/19/2020 | | | | | Officer below) | (give title | | Other (s _i below) | pecify | | |
| 65 GROVE STREET (Street) | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| WATER I | TOWN M | ÍA | 02472 | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (S | • | (Zip) ole I - Non-D | Derivativ | e Sec | curities | . Δc | quired Di | snosed c | of or Re | neficiall | v Owned | | | | |
| 1. Title of Security (Instr. 3) | | | . Transaction ate Month/Day/Yo | 2A. Deemed Execution Date, | | 3. Transactio | 4. Securi | ties Acquired (A) or d Of (D) (Instr. 3, 4 and | | 5. Amour Securitie Beneficia Owned F Reported Transact | 5. Amount of Securities Beneficially (D) (| | Direct Condition of the Direct Education of the Direct | 7. Nature of Indirect Beneficial Ownership 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 (Instr. 3) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) | | Code (| ansaction of ode (Instr. Derivative | | Expiration Date (Month/Day/Year) of Se Unde Deriv | | 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) | | 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 | | | | | |
| Stock Option (Right to Buy) | \$3 | 06/19/2020 | | A | | 20,000 | | (1) | 06/18/2030 | Common Stock | 20,000 | \$0 | 20,000 | | D | |

Explanation of Responses:

1. The option vests in full on the earlier of June 19, 2021 or the day immediately prior to the company's 2021 annual meeting of stockholders.

Remarks:

/s/ Matthew Bartholomae, Attorney-in-Fact for Aymeric Sallin

06/23/2020

** 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.