FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							

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

1. Name and Address of Reporting Person\*

(First)

C/O SELECTA BIOSCIENCES, INC.

MA

(State)

(Middle)

02472

(Zip)

Johnston Lloyd P.

480 ARSENAL WAY

WATERTOWN

(Last)

(Street)

(City)

	NT OF CHANGES IN BENEFICIAL OWNE	OMB Number: 3235-02 Estimated average burden hours per response: (				
File	or Section 30(h) of the Investment Company Act of 1940		ı			
dle)	Issuer Name and Ticker or Trading Symbol SELECTA BIOSCIENCES INC [ SELB ]  3. Date of Earliest Transaction (Month/Day/Year) 10/07/2019				10% Own Other (spe below)	er
72	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	cable g			

		Та	ble I - Non-De	erivati	ve S	ecuritie	s Ac	quired, D	isposed	of, or B	eneficiall	y Owned				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)				2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispose Code (Instr.		urities Acquired (A) or sed Of (D) (Instr. 3, 4 and 5)		5) Securitie Beneficia	Beneficially Owned Following		Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	/ Amoui	nt (A)	or Price	Transact	Transaction(s) (Instr. 3 and 4)			msu. 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	on bate (Month/Day/Year)   Execution Date, if any (Month/Day/Year)   Transaction Code (Instr. 8)   Securit Acquire or Disport of (D) (I		Derivativ Securitie Acquired or Dispo- of (D) (In	Derivative Expiration Date Securities (Month/Day/Year) Acquired (A)			of Securities Underlying		8. Price of Derivative Security (Instr. 5)	Derivative Security Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
ol Date Expiration N							Amount or Number of Shares	(Instr. 4)		on(s)						
Employee Stock Option (right to	\$1.75	10/07/2019		A		180,000		(1)	10/06/202	Commor Stock	180,000	\$0	180,00	00	D	

## **Explanation of Responses:**

1. This option shall vest as to 50% of the shares on October 7, 2020, and the remaining 50% of the shares on October 7, 2021.

## Remarks:

/s/ Matthew Bartholomae, 10/09/2019

**Johnston** 

\*\* 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.