FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| | tion 1(b). | nuc. See | | Filed | | | | | | | ities Exchang ompany Act o | | of 1934 | | | nours | per re | sponse: | 0.5 | |
|---|--|-------------------------------------|-----------------|---|--|--------------------------|--------|---|------------------|-------------------------------|-------------------------------|--|---|---------------------------------------|---|---|--|-----------|---|--|
| Name and Address of Reporting Person* Brunn Carsten | | | | | 2. Issuer Name and Ticker or Trading Symbol SELECTA BIOSCIENCES INC [SELB] | | | | | | | | Relationship of Reporting (Check all applicable) X Director | | | | g Person(s) to Issuer 10% Owner | | | |
| (Last) (First) (Middle) C/O SELECTA BIOSCIENCES, INC. 65 GROVE STREET | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/05/2022 | | | | | | | | | | | | Other (below) | specify | | | |
| (Street) WATER | FOWN M | | 2472 Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ne) X | <i>'</i> | | | | | |
| | | Table | I - N | lon-Deriva | tive S | Secui | rities | Ac | quire | d, Di | sposed of | , or E | Benefic | ially (| Owne | d | | | | |
| 1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/Y | | | Execution Date, | | e, | | | Acquired (A) or (D) (Instr. 3, 4 a | | and 5) Sec Ben Owi | | curities F neficially (| | n: Direct | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | 1 | Transact | ansaction(s) str. 3 and 4) | | | (111501.4) | |
| Common Stock 01/05/20 | | | | | 022 | | | | S ⁽¹⁾ | | 13,597 | D | \$3.085 | i9 ⁽²⁾ | 517 | 17,958 | | 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 | Date Exec (Month/Day/Year) if an | | Deemed ution Date, y yth/Day/Year) | | Transaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | te Exer ration I th/Day | | 7. Title Amou Secur Under Derive Secur 3 and | int of rities rlying ative rity (Instr. | 8. Prio Deriva Secur (Instr. | ative of strict of the strict | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D) or Indirect (I) (Instr. | Ownership | Beneficial Ownership t (Instr. 4) | |
| | | | | | Code | ١v | (A) | (D) | | cisable | | Title | Shares | | - 1 | | | | | |

Explanation of Responses:

- 1. Shares sold to satisfy withholding tax obligations upon the vesting of restricted stock units and to cover related broker fees.
- 2. The price reported is a weighted average price. The shares were sold in multiple transactions at per share prices ranging from \$2.99 to \$3.17. The Reporting Person undertakes to provide upon request to the SEC staff, the Issuer, or any stockholder of the Issuer, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

Remarks:

/s/ Matthew Bartholomae,

01/07/2022 Attorney-in-Fact for Carsten

Brunn

** 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.