FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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

| l | 1. Name and Address of Reporting Person* SPRINGER TIMOTHY A | | | | | | 2. Issuer Name and Ticker or Trading Symbol SELECTA BIOSCIENCES INC [SELB] | | | | | | | | | able) r | ng Person(s) to Issue | | vner |
|---|---|--|--|--|------------------------------|---|--|------|---|------------|--|---------------------------|--------------------------------------|---|---|--|--|--|--|
| (Last) (First) (Middle) HARVARD MEDICAL SCHOOL, CTR 200 LONGWOOD AVE. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/27/2017 | | | | | | | | | Officer below) | (give title | | Other (s | specify |
| (Street) BOSTO | N M | IA | 02115 (Zip) | | 4. 1 | Line) X For | | | | | | | | | | or Joint/Group Filing (Check Applicable In filed by One Reporting Person In filed by More than One Reporting Ioon | | | |
| | | Tak | ole I - No | n-Deriv | /ativ | e Se | curities | s Ac | quired | , Dis | sposed o | f, or I | Bene | ficiall | y Owned | | | | |
| | | | | 2. Transaction Date (Month/Day/Year) | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | and 5) Securities Beneficially Owned Follow | | Form: | Direct I Indirect I str. 4) | 7. Nature of ndirect Beneficial Dwnership | |
| | | | | | | | Code | v | Amount | (A) (D) |) or | Price | Reported Transacti (Instr. 3 a | on(s) | | | Instr. 4) | | |
| Common | Stock | | | 06/27 | /2017 | 7 | | | P | | 338,79 | 1 / | A | \$17.71 | . 355 | 413 | D | | |
| Common | Stock | | | | | | | | | | | | | | 1,237 | 1,237,028 I ⁽¹⁾⁽²⁾ See Footi | | | |
| Common | Common Stock | | | | | | | | | | | | | | 445,576 | | I | (1)(3) | See Footnotes |
| | | - | Table II - | | | | | | | | osed of, convertil | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | 4. Transa Code (8) | | | | 6. Date E Expiratio (Month/D | n Dat | | of Sec Under Deriva | urities lying | ecurity | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4) | e (es lially light of the second of the seco | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | ble | Expiration Date | Title | 0 N 0 | lumber | | | | | |
| Warrant (right to buy) | \$17.71 | 06/27/2017 | | | P | | 79,130 | | 06/27/20 | 017 | 06/27/2022 | Comm | | 9,130 | \$0.125 | 79,13 | 30 | D | |

Explanation of Responses:

- 1. LKST, Inc. is the general partner of Leukon. Timothy Springer is the president of LKST, Inc. and the managing member of TAS. Each of the reporting persons disclaims beneficial ownership of the securities reported herein except to the extent of their pecuniary interest therein.
- 2. Held by Leukon Investments LP ("Leukon").
- 3. Held by TAS Partners, LLC ("TAS").

Remarks:

/s/ David Siewers, Attorney-in-Fact for Timothy Springer

06/28/2017

** 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.