FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | | |
| 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* Kishimoto Takashi Kei | | | | | 2. Issuer Name and Ticker or Trading Symbol SELECTA BIOSCIENCES INC [SELB] | | | | | | | | (Che | eck all app Direc | tionship of Reporting all applicable) Director Officer (give title below) Chief Scien | | rson(s) to Is 10% O Other (| wner | |
|--|---|-------|--------------|--|--|---|---|---|--------|--|-------------------|-----------------------|--|--|---|--|--|--------|---------|
| (Last) (First) (Middle) C/O SELECTA BIOSCIENCES, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/08/2021 | | | | | | | | , | | | belov | below) | Specify |
| 65 GROVE STREET (Street) WATERTOWN MA (City) (State) (Zip) (City) | | | | | | | | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Table | I - Noi | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Benef | icial | ly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | | Execution Date, | | 3. 4. Securitie Transaction Code (Instr. 8) 5. | | | | | , 4 and Secu Bene | | cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | Code | v | | | Amount | (A) (D) | or P | rice | Transa | action(s) 3 and 4) | | | (, | | | | |
| Common Stock 12/08/2 | | | | 2021 | | A ⁽¹⁾ | | 13,750 | A | A | \$ <mark>0</mark> | 204,139 | | | 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) | ive Conversion Date Execution Date, y or Exercise (Month/Day/Year) if any | | Code (8) | Transaction of Code (Instr. Derivative | | vative irities iired r osed) r. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | str. | b. 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) | | |

Explanation of Responses:

1. On January 4, 2021, the reporting person was granted performance based restricted stock units for an aggregate of 27,500 shares of the Issuer's common stock (the "Performance RSUs"), which were earned based on the achievement of two separate performance conditions related to the Issuer's operating and research and development activities. The compensation committee of the board of directors of the Issuer has determined that the second of the performance conditions has been met, and accordingly 13,750 Performance RSUs vested on December 8, 2021.

Remarks:

/s/ Matthew Bartholomae, Attorney-in-Fact for Takashi

12/10/2021

Kei Kishimoto

** 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.