FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  TRABER PETER G					2. Issuer Name and Ticker or Trading Symbol SELECTA BIOSCIENCES INC [ SELB ]								(Ched	ck all applica	ionship of Reporting all applicable) Director Officer (give title		10% Ow	ner
	ECTA BIO	First) OSCIENCES, IN	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/02/2023							X	below)	thief Medical		Other (specify below)  Officer		
65 GROVE STREET					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable						
(Street) WATER	ΓOWN M	1A	02472		The state of the s					Line)	Form file	orm filed by One Reporting Person						
(City)	(\$	State)	(Zip)		Person													
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date			2. Transac Date (Month/Da	Execution Date,		Code (Instr.		red (A) str. 3,	) or 4 and 5	Beneficia Owned Fo	For		rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount	Amount (A) or (D)		Price	Reported Transacti (Instr. 3 a	on(s) nd 4)		(Instr. 4)		
Common Stock 01/0				01/02/2	2/2023		<b>A</b> <sup>(1)</sup>		200,000 A		\$ <mark>0</mark>	457,765(2)			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 (Instr. 3)  Brice of Derivative Security  3. Transaction Date (Month/Day/Year)  (Month/Day/Year)  3. Transaction Date (Execution Date, if any (Month/Day/Year)		Code	Transaction Do Code (Instr. 8) Ad or of		Derivative E		6. Date Exercisable and Expiration Date (Month/Day/Year)		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)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amo or Num of Si			(Instr. 4)		<b>'</b>	
Employee Stock Option (right to buy)	\$1.13	01/02/2023		A		900,000		(3)	0	1/01/2033	Common Stock	900	),000	\$0	900,00	00	D	

## **Explanation of Responses:**

- 1. Each Restricted Stock Unit represents a contingent right to receive one share of common stock, which will vest as to 25% on January 2, 2024. The remainder of the underlying shares will vest in three equal annual installments thereafter so that the underlying shares will be fully vested on January 2, 2027.
- 2. Includes 6,410 shares of common stock purchased under the Issuer's Employee Stock Purchase Program during the contribution period between March 1, 2022 and August 31, 2022.
- 3. This option vests as to 25% on January 2, 2024. The remainder of the underlying shares will vest in 36 equal monthly installments thereafter.

## Remarks:

/s/ Matthew Bartholomae,

Attorney-in-Fact for Peter G. 01/04/2023

<u>Traber</u>

\*\* 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.