Instruction 1(b).

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

		00540
Vashington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFI	CIAL OWNERSHIP

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

(Instr. 3)					v	Acqu (A) o Dispo	posed (D) str. 3, 4 d 5)			Ur De Se 3 a		Underlying Derivative Security (Inst 3 and 4) Amoun or Numbe of Title Shares		tr. 5)			Direct (D) or Indirect (I) (Instr. 4)	Ownership t (Instr. 4)	
		(e.g., pu	., puts, calls		Ils, warrants, 5. Number of Operivative		6. Date Exercisable and Expiration Date			7. Title and Amount of Securities		8. Price of Derivative Security		9. Number derivative Securities	Ownersh Form:	Ownership Form:	Beneficial		
		Tal	ble II			curit	ties A	Acqu	ıired,	Disp		<u> </u>			<u> </u>		<u> </u>		
(Street) CAMBRIDGE MA 02142 (City) (State) (Zip) Table I - Non 1. Title of Security (Instr. 3) Common Stock Common Stock Table II - I (Instr. 3) 1. Title of Derivative Security (Instr. 3) 1. Title of Derivative Security (Instr. 3) 2. Conversion Date (Month/Day/Year) Security (Instr. 3) 1. Title of Derivative Security (Instr. 3)		09/13/20					P		5,600	A	+	295(2)				D			
0 0 1			09/13/20	2022				Code	٧	18,784	(A) or (D)	Price	204 ⁽¹⁾	(Instr.	3 and 4)	D			
Date			2. Transacti Date (Month/Day	Execu y/Year) if any		Deemed cution Date, / th/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (Disposed Of (D) (Instr. 3		str. 3, 4 a		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
		Table	I - No	on-Deriva	tive S	Secui	rities	Acc	quirec	d, Dis	sposed of	, or E	Benefi	cially	Own	ed			
(City)	(St	rate) (Z	Zip)												1 6130) I			
CAMBR	IDGE M	A 0	2142											Λ	Form filed by One Reporting Person Form filed by More than One Reporting Person				
(Street)					4. 17	Amenai	ment,	Date	of Origin	nai File	ed (Month/Da	y/ Year		b. Indiv Line) X		Joint/Grou			
C/O GENERATION BIO CO., 301 BINNEY ST				4 15	If Amendment, Date of Original Filed (Month/Day/Year)								C Indi	نامان ما ما	. loint/Crow	n Filina	· (Chaal: A	nnlinable	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 09/13/2022								Office	er (give title /)		Other (s	specify	
Name and Address of Reporting Person Rowland Charles A Jr					Generation Bio Co. [GBIO]										all app	l applicable) Director		10% Ov	
 Name ar 	nd Address of	f Reporting Person			2. ISS	suer iva	ame ar	na IIC	ker or i	rading	Symbol					of Reportin	ng Pers	son(s) to is	suer

Explanation of Responses:

- 1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$5.08 to \$5.33, inclusive. The reporting person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the U.S. Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnotes (1) and (2) of this Form 4.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$5.10 to \$5.40, inclusive.

/s/ Jennifer Elliott, Attorney-09/15/2022 in-Fact

** 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.