FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

Wave Life Sciences Ltd. WVE Check all applicable X Director 10% Owner Other (specify below)			_			Ta .		Now-	- d T:	leas as Toric	- C:	mho!	0. 20 .0	Τ.	- D-1	stion-1-1:	of Donard'	~ D-	000(0) +-			
(Last) (First) (Middle) (CO WAVE LIFE SCIENCES LTD., 733 CONCORD AVE. (Street) CAMBRIDGE MA 02138 (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned Seneficially Owned Securities Securit	1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol Wave Life Sciences Ltd [WVE]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
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Explanation of Responses:

1. The reporting person was granted this option pursuant to the Non-Employee Director Compensation Policy. The option vests as to 100% of the shares on August 10, 2018.

Remarks:

/s/ Gregory L. Verdine 08/17/2017

** 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.