FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	S IN BENEFICIA	L OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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 7												
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)									
Regnante Keith					1 ***	wave Life Sciences Liu. [WVE]										Direc	ctor 1		10% O	wner				
					-												fficer (give title elow)		Other (specify below)					
(Last)		(First	(1	Middle)			3. Date of Earliest Transaction (Month/Day/Year)											Chief Financial Officer						
C/O WAY	/E LIFE	SCI	ENCES LTD.,			02/	02/16/2018									Cilier Pilialicial Officer								
733 CON		WF																						
733 CONCORD AVE.			4 If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable											
(0)						. "	4. II Americinent, Date of Original Fliet (Month/Ddy/Teal)											Line)						
(Street)	IDOE :			204.00													X Form filed by One Reporting Person							
CAMBR	IDGE .	MA	U	2138												Form filed by More than One Reporting								
						-										Person								
(City)		(State	e) (2	Zip)																				
			Tabl	e I - No	on-Deriv	ative	Sec	uritie	s Ac	quired	l, Dis	sposed o	f, or	Ве	nefici	ally (Owne	ed						
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day				Execution Date,					es Acquired (A) or Of (D) (Instr. 3, 4 ai			nd 5) Securi Benefi Owner		cially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership							
									Code	v	Amount	Amount (A) or Prid		Price	Reported Transaction(s) (Instr. 3 and 4)		action(s)			(Instr. 4)				
Ordinary Shares 02/16/20					2018	018			S ⁽¹⁾		316	D \$51.8		85 ⁽²⁾ 16,984		Ι)							
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																							
					(e.g., p	uts, c	alls,	warr	ants,	optio	ns, c	convertib	le s	ecui	ities)									
1. Title of Derivative Security (Instr. 3) 2. Conversor or Exert Price of Derivati Security		on C	3. Transaction Date (Month/Day/Year)	3A. Dee Execution if any (Month/I						6. Date Exerci Expiration Dat (Month/Day/Ye		ite	7. Title and Amount of Securities Underlying Derivative Security (Inst and 4)		f g	Deriv Secu		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owi Fori Dire or II (I) (I	nership m: ect (D) ndirect nstr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
						Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	OI N Of	umber									

Explanation of Responses:

- 1. On February 16, 2018, the reporting person sold 316 ordinary shares solely to cover taxes associated with the vesting of restricted share units on February 15, 2018. These sales were made pursuant to a 10b5-1 Trading Plan.
- 2. The price reflected is the weighted-average sale price for shares sold. The shares were sold in multiple transactions and the range of sale prices for the transactions reported was \$51.65 to \$51.85 per share. The reporting person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price.

Remarks:

/s/ Keith C. Regnante

02/21/2018

** 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.