FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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* GSK PLC	2. Date of Event Requiring Statement (Month/Day/Year) 01/23/2023 3. Issuer Name and Ticker or Trading Symbol Wave Life Sciences Ltd. [WVE]						
(Last) (First) (Middle) 980 GREAT WEST ROAD	-		Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)	
(Street) BRENTFORD MIDDLESEX (City) (State) (Zip)			Officer (give title below)		(specify	A Person	by One Reporting by More than One
Table I - Non-Derivative Securities Beneficially Owned							
1. Title of Security (Instr. 4)				W-		ect Ownership (Instr. 5)	
1. Title of Security (Instr. 4)			a. Amount of Securities Beneficially Owned (Instr. B)	3. Owner Form: I (D) or In (I) (Insti	Direct ndirect		
Title of Security (Instr. 4) Ordinary Shares		В	Beneficially Owned (Instr.	Form: [(D) or Ir	Direct ndirect r. 5)		
Ordinary Shares		erivative	Beneficially Owned (Instr.)	Form: E (D) or II (I) (Insti	Direct Indirect (r. 5)	Ownership (Instr.	
Ordinary Shares (e.g., 1. Title of Derivative Security (Instr. 4)		erivative s, warran isable and	Seneficially Owned (Instr.) 10,683,761 Securities Beneficia	Form: E (D) or Ir (I) (Instr Ily Own ble sec	Direct Indirect (r. 5)	See footnote ⁽¹⁾ 5. ion Ownership	

Explanation of Responses:

1. The shares reported herein are held of record by Glaxo Group Limited, a wholly-owned subsidiary of GSK plc (the "Reporting Person").

Victoria Whyte,

Authorized Signatory,

GSK plc

** Signature of Reporting

Person

Date

01/30/2023

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 5 (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.