FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 on	ee Instruction		•		2 199	suer Na	ame a	and Tick	er or Tr	ading	Symbol			5 Re	lationshir	of Reportin	na Pers	son(s) to Is	suer	
Name and Address of Reporting Person* Moran Kyle					2. Issuer Name and Ticker or Trading Symbol Wave Life Sciences Ltd. [WVE]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
ivioian	<u>IX y IC</u>														Direct Office	tor er (give title		10% Ov		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)									belov	below) "			ppcony	
C/O WAVE LIFE SCIENCES LTD.,						09/25/2024									Chief Financial Officer					
	NCORD A		,																	
755 CONCORD AVE.						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street)													Line)	Line) Form filed by One Reporting Person						
CAMBR	IDGE N	MA (02138													filed by On		•		
															Perso		ie iliali	i One Repi	orung	
(City)	(State) (Zip)																	
		Table	l - Nor	n-Deriva	tive \$	Secu	ritie	s Acq	uired,	, Dis	posed of	, or E	Bene	eficiall	y Own	ed				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date)					Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. 5)						Securit Benefic Owned	5. Amount of Securities Beneficially Owned Following Reported		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	or	Price	Transa	ed ction(s) 3 and 4)			(Instr. 4)	
Ordinary Shares 09/25/2						.024			S ⁽¹⁾		17,146	I)	\$ <mark>9</mark>	19,777(2)			D		
		Та							,		osed of, convertib			,	Owne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversio or Exercis Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	med on Date, Day/Year)	4. Transaction Code (Instr. 8)				6. Date Exercisa Expiration Date (Month/Day/Yea		ite	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Di Se (li	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershi (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	or	ount nber res						

Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on November 21, 2023.
- 2. Includes 3,002 ordinary shares acquired on July 14, 2024, under the issuer's 2019 Employee Share Purchase Plan.

/s/ Kyle Moran

09/27/2024

** 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.