

OMB APPROVAL	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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. Name and Address of Reporting Person* <u>RA CAPITAL MANAGEMENT, L.P.</u> _____ (Last) (First) (Middle) 200 BERKELEY STREET 18TH FLOOR _____ (Street) BOSTON MA 02116 _____ (City) (State) (Zip)			2. Issuer Name and Ticker or Trading Symbol <u>Wave Life Sciences Ltd. [ WVE ]</u>			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)		
			3. Date of Earliest Transaction (Month/Day/Year) 08/16/2021			6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person		
			4. If Amendment, Date of Original Filed (Month/Day/Year)					

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date						Title
Share Option (right to buy)	\$5.97	08/16/2021		A		42,000		(1)	08/16/2026	Ordinary Shares	42,000	\$0.00	42,000	D <sup>(1)(2)(3)</sup>	

1. Name and Address of Reporting Person\*  
RA CAPITAL MANAGEMENT, L.P.  
 \_\_\_\_\_  
 (Last) (First) (Middle)  
 200 BERKELEY STREET  
 18TH FLOOR  
 \_\_\_\_\_  
 (Street)  
 BOSTON MA 02116  
 \_\_\_\_\_  
 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
RA Capital Healthcare Fund LP  
 \_\_\_\_\_  
 (Last) (First) (Middle)  
 C/O RA CAPITAL MANAGEMENT, L.P.  
 200 BERKELEY STREET, 18TH FLOOR  
 \_\_\_\_\_  
 (Street)  
 BOSTON MA 02116  
 \_\_\_\_\_  
 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
Kolchinsky Peter  
 \_\_\_\_\_  
 (Last) (First) (Middle)  
 C/O RA CAPITAL MANAGEMENT, L.P.  
 200 BERKELEY STREET, 18TH FLOOR  
 \_\_\_\_\_

(Street)	BOSTON	MA	02116
(City)	(State)	(Zip)	
1. Name and Address of Reporting Person*			
<a href="#">Shah Rajeev M.</a>			
(Last)	(First)	(Middle)	
C/O RA CAPITAL MANAGEMENT, L.P.			
200 BERKELEY STREET, 18TH FLOOR			
(Street)	BOSTON	MA	02116
(City)	(State)	(Zip)	

**Explanation of Responses:**

1. RA Capital Management, L.P. (the "Adviser") is the investment manager for RA Capital Healthcare Fund, L.P. (the "Fund"). The general partner of the Adviser is RA Capital Management GP, LLC (the "Adviser GP"), of which Dr. Peter Kolchinsky and Mr. Rajeev Shah are the managing members. The Adviser, the Adviser GP, Dr. Kolchinsky, and Mr. Shah disclaim beneficial ownership of any of the reported securities, except to the extent of their pecuniary interest therein.
2. Dr. Kolchinsky, a reporting person, was granted this option pursuant to the Non-Employee Director Compensation Policy. The option vests as to 12.5% of the shares in equal quarterly installments over the two-year period following the grant date on August 16, 2021.
3. Under Dr. Kolchinsky's arrangement with the Adviser, Dr. Kolchinsky holds the option for the benefit of the Fund. Dr. Kolchinsky is obligated to turn over to the Adviser any net cash or stock received upon exercise of the option, which will offset advisory fees owed by the Fund. The Reporting Persons therefore disclaim beneficial ownership of the option and underlying stock.

**Remarks:**

Dr. Kolchinsky serves on the Issuer's board of directors.

[/s/ Peter Kolchinsky, Manager  
of RA Capital Management,  
L.P.](#) [08/18/2021](#)

[/s/ Peter Kolchinsky, Manager  
of RA Capital Healthcare Fund  
GP, LLC the General Partner of  
RA Capital Healthcare Fund,  
L.P.](#) [08/18/2021](#)

[/s/ Peter Kolchinsky,  
individually.](#) [08/18/2021](#)

[/s/ Rajeev Shah, individually.](#) [08/18/2021](#)

\*\* 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.**