FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

	Washingt	on, D.C. 20549	
STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

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

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,						_				1			_		
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)								
BOLN	O PAUL				<u>*</u>	vave	LII	e Scien	ices	Lu.	LW	VE J			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		,		10% Ov	vner
(Last)	(1	First)	(Middle)		-	Date	of Ear	liest Trans	eactio	on (Mont	h/Da	av/Vear)			<u> </u>	Officer (give title		Other (s	specify
` ′	,	,	` '			3. Date of Earliest Transaction (Month/Day/Year) 09/15/2020								,	Presiden	t and	,			
		CIENCES LTD., 				02/12/12/20									. 10010011	· unu	020			
733 CON	ICORD AV	/E.			\vdash															
(01 1)					- 4.	If Am	endm	ent, Date	of Ori	iginal File	ed (I	Month/Da	y/Year)		6. Ind	dividual or Jo	oint/Group	Filing	(Check App	olicable
(Street) CAMBR	IDCE A	T.A.	02138												3		ed by One	Repo	rting Perso	n
CAMBR	IDGE N	ÍΑ	02138												1	Form filed by More than One Reporting				
(0:1.)	.,	N-1->	(7:-)		-											Person	,		·	
(City)	(3)	State)	(Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of	Security (Ins	tr. 3)		2. Trans	sactio	n		eemed		3.		4. Securit				5. Amoun				7. Nature of
Date (Month/I				/Day/\	Execution Date			e, Transaction Code (Instr.		Disposed Of (D) (Instr. 3, 4		4 and 5	Securities Beneficia	ally (D) o			Indirect Beneficial			
						(Month/Day/Year)						Owned Fo	wned Following (I) (Instr. 4) eported ensaction(s) nstr. 3 and 4)			Ownership (Instr. 4)				
								0	Code V	.	Amount (A) or P				Price	Transacti		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Ordinary Shares 09/1				09/1	5/20	5/2020		1	M ⁽¹⁾		100,000 A		\forall	\$2.48	372,181			D		
Ordinary Shares					10000		_		-											
Ordinary Shares 09/15				5/20	/2020				S ⁽¹⁾		100,000 D		\$15	272	,181		D			
			Table II -	Deriva	ative	Sec	uriti	ies Aca	uire	ed. Dis	po	sed of.	or Be	nefic	ially (Owned				
								arrants												
1. Title of	2.	3. Transaction	3A. Deemed					umber of		ate Exer		ble and	7. Title a		nount	8. Price of	9. Numbe		10.	11. Nature
Derivative Security	Conversion or Exercise		Execution D		ransa Code (Expiration Date (Month/Day/Year			of Securities Underlying			Derivative Security			Ownership Form:	Beneficial	
(Instr. 3)	Price of Derivative		(Month/Day/	Year) 8)	Acqu		Acquired (A) or Disposed		red (A) Derivative Secur				(Instr. 5)	Beneficia Owned					
				of (D) (Instr. 3, 4 and 5)			(mat. 3 and 4)					Following Reported		(I) (Instr. 4)						
					3, 4 and 5)			<u> </u>			 		ount		Transaction(s)					
									l <u>.</u> .		l_			or			(Instr. 4)			
				c	ode	v	(A)	(D)	Date Exe	e ercisable	Da	cpiration ate	Title		mber Shares					
Share											T			Ť						İ
Option (right to \$2.48 09/15/2020					M ⁽¹⁾			100,000		(2)	03/1	3/10/2025	Ordinary Shares	100	0,000	\$0.00	\$0.00 97,77		D	
buy)													Shares							

Explanation of Responses:

- 1. The option exercise and sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan.
- 2. These share options are fully vested.

Remarks:

/s/ Paul B. Bolno

09/17/2020

** Signature of Reporting Person

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.