FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

20549

eck this box if no longer subject to
ction 16. Form 4 or Form 5
ligations may continue. See

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden

	tion 1(b).	lue. S <i>ee</i>		File		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 ar	2. Is	2. Issuer Name and Ticker or Trading Symbol Wave Life Sciences Ltd. [WVE]								5. Relationsh (Check all ap X Dire	plicable)		()	to Iss						
(Last) (First) (Middle) 20 PARK PLAZA, SUITE 1200						3. Date of Earliest Transaction (Month/Day/Year) 01/24/2019								Officer (give title Other (spe below) below)					pecify	
(Street) BOSTON MA 02116 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person					
		Tabl	e I - Non-D	eriv	ative	Se	curitie	s Ac	quire	d, Di	isposed o	f, or E	Benefi	cially Own	ed					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/					Exe Year) if a		A. Deemed kecution Date, any lonth/Day/Year)		3. Transaction Code (Instr. 8)			Acquired (A) or (D) (Instr. 3, 4 and		Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		Ownership		
								Code	v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	on(s)			(Inst	r. 4)		
Ordinary Shares 01/24/20						19		P		263,158	A	\$3	3 7,775,	207(1)		I See Foo		tnote ⁽²⁾⁽³⁾		
		Та	ıble II - Der (e.g								oosed of, convertib									
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)				6. Date Exerr Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Num derivati Securit Benefic Owned Followi Report Transa (Instr. 4	ive cially ing ed ction(s)	10. Owners Form: Direct (or Indir (I) (Insti	Beneficial Ownership ect (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amoun or Numbe of Shares							
		Reporting Person* IANAGEME	NT, LLC																	
(Last)	K PLAZA, S	(First) SUITE 1200	(Middle)																	
(Street)	N	MA	02116			_														
(City)		(State)	(Zip)																	

Explanation of Responses:

Kolchinsky Peter

(Last)

(Street) **BOSTON**

(City)

1. Name and Address of Reporting Person*

20 PARK PLAZA, SUITE 1200

(First)

C/O RA CAPITAL MANAGEMENT, LLC

MA

(State)

(Middle)

02116

(Zip)

- 1. Following the reported transactions, RA Capital Healthcare Fund, L.P. (the "Fund") held 6,805,182 shares and 970,025 shares held by a separately managed account (the "Account").
- 2. RA Capital Management, LLC (the "Adviser") is the general partner of the Fund and the investment adviser of the Account. Peter Kolchinsky is a director of the issuer and is the sole manager of the Adviser. In their respective capacities, each of Dr. Kolchinsky and the Adviser may be deemed to beneficially own the reported securities for purposes of Section 13(d) of the Securities Exchange Act of 1934.
- 3. The Adviser and Dr. Kolchinsky disclaim beneficial ownership of the reported securities for purposes of Rule 16a-1(a)(1) under the Exchange Act in reliance on Rule 16a-1(a)(1)(v) and (vii), respectively. The filing of this Form 4 shall not be construed as an admission that either the Adviser or Dr. Kolchinsky is or was, for purposes of Rule 16a-1(a)(1) under the Exchange Act, the beneficial owner of any of the securities reported herein. Dr. Kolchinsky and the Adviser disclaim beneficial ownership of the securities reported herein for purposes of Rule 16a-1(a)(2) under the Exchange Act except to the extent of their pecuniary interest therein.

/s/ Peter Kolchinsky, Manager 01/28/2019

of RA Capital Management, LLC

** Signature of Reporting Person

/s/ Peter Kolchinsky, individually

01/28/2019

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.