

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

OMB APPROVAL	
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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>Rock Springs Capital Management LP</u>  (Last) (First) (Middle) 650 SOUTH EXETER ST. SUITE 1070  (Street) BALTIMORE MD 21202  (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 03/27/2018	3. Issuer Name and Ticker or Trading Symbol <u>Homology Medicines, Inc. [ FIXX ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director <input checked="" type="checkbox"/> 10% Owner  Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date					
Series B Preferred Stock	(1)	(1)	Common Stock	395,845	(1)	I	See footnote <sup>(2)</sup>

1. Name and Address of Reporting Person* <u>Rock Springs Capital Management LP</u>  (Last) (First) (Middle) 650 SOUTH EXETER ST. SUITE 1070  (Street) BALTIMORE MD 21202  (City) (State) (Zip)
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1. Name and Address of Reporting Person* <u>Rock Springs Capital Master Fund LP</u>  (Last) (First) (Middle) C/O INTERTRUST CORPORATE SERVICES (CAYMAN) LIMITED 190 ELGIN AVENUE  (Street) GEORGE TOWN, GRAND E9 KY1-9005 CAYMAN  (City) (State) (Zip)
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1. Name and Address of Reporting Person* <u>Rock Springs Capital LLC</u>  (Last) (First) (Middle) 650 SOUTH EXETER ST. SUITE 1070  (Street) BALTIMORE MD 21202
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(City)

(State)

(Zip)

**Explanation of Responses:**

1. The preferred stock is convertible into the Issuer's common stock on a one-for-one basis at the holder's election and has no expiration date. The preferred stock will automatically convert into common stock upon the closing of the Issuer's initial public offering.
2. The securities reported herein are held of record by Rock Springs Capital Master Fund LP ("Master Fund"). Rock Springs Capital LLC ("RSC") is the general partner of Rock Springs Capital Management LP ("RSCM") which is the investment manager to Master Fund. RSC and RSCM may therefore be deemed to have or share beneficial ownership of the Series B Preferred Stock held directly by Master Fund.

**Remarks:**

Rock Springs Capital Master  
Fund LP, By: Rock Springs  
Capital Management LP, By: 03/27/2018  
/s/Graham McPhail, Managing  
Member

Rock Springs Capital LLC, By:  
/s/Graham McPhail, Managing 03/27/2018  
Member

Rock Springs Capital  
Management LP, Rock Springs  
Capital LLC, By: /s/Graham 03/27/2018  
McPhail, Managing Member

\*\* 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 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.**