FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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Nashington,	D.C.	20049	

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NGES IN BENEFICIAL OWNERSHIP

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

to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

Name and Address of Reporting Person* <u>Michaud Charles Jr</u>					2. Issuer Name and Ticker or Trading Symbol Homology Medicines, Inc. [FIXX]								all app	ionship of Reportin all applicable) Director Officer (give title		10% Ov	wner		
(Last)	(Fir	st) (MEDICINES, IN	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/03/2024							X	belov		emarl	Other (specify below)			
ONE PATRIOTS PARK				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)						Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person								
(Street) BEDFOI	RD M	A 0	1730									Λ	Form filed by More than One Reporting Person						
(City)	(Sta	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.							nded to							
		Table	I - N	on-Deriva							posed of					ed			
Date			2. Transacti Date (Month/Day	Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3,				4 and 5) Se Be Ov		Securities Beneficially Owned Following		n: Direct or Indirect ostr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price			ted action(s) 3 and 4)			(Instr. 4)
Common Stock		01/03/20	2024				S ⁽¹⁾		1,708	D	\$0.57	5 7 1 ⁽²⁾ 11,		1,598		D			
	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)	Execu	eemed ition Date, h/Day/Year)		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)			Owners Form: Direct (or Indir (I) (Instr	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

- 1. The sale reported in the Form 4 was effected pursuant to a Rule 10b5-1 instruction solely with the intent to cover withholding taxes in connection with the settlement of restricted stock units.
- 2. The price reported is a weighted average price. The securities were sold in multiple transactions at per share prices ranging from \$0.571 to \$0.584. The Reporting Person undertakes to provide upon request the SEC staff, the Issuer, or any shareholder of the Issuer, full information regarding the number of securities sold at each separate price within the range set forth in this footnote 2

Remarks:

Vice President, Corporate Controller and Treasurer

/s/ Paul Alloway, Attorney-in-01/05/2024 Fact for Charles Michaud, Jr.

** 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.