FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APPROVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0104 | | | | | |
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| hours per response: | 0.5 | | | | | |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Novartis Institutes for BioMedical Research, Inc. | 2. Date of Ever Requiring State (Month/Day/Yet 03/27/2018 | ement | 3. Issuer Name and Ticker or Trading Symbol Homology Medicines, Inc. [FIXX] | | | | | | | |
|---|--|--------------------|---|---|---|---|---|--|--|--|
| (Last) (First) (Middle) | | | Relationship of Reporting Person(s) to Is (Check all applicable) Director X 10% C | | (Mon | 5. If Amendment, Date of Original Filed (Month/Day/Year) | | | | |
| 250 MASSACHUSETTS AVENUE (Street) | | | Officer (give title below) | Other (spec below) | , , , , , , , | ndividual or Joint/Group Filing (Check licable Line) Form filed by One Reporting Person | | | | |
| CAMBRIDGE MA 02139 | | | | | X | Form filed by Reporting Pe | / More than One erson | | | |
| (City) (State) (Zip) | | | | | | | | | | |
| Table I - Non-Derivative Securities Beneficially Owned | | | | | | | | | | |
| 1. Title of Security (Instr. 4) | | | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownershi Form: Direc or Indirect ((Instr. 5) | t (D) (Instr. | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | | | |
| (e | | | ve Securities Beneficially ants, options, convertible | | s) | | | | | |
| 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 | 5. Ownership Form: Direct (D) | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | | | |
| | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | Derivative Security | or Indirect (I) (Instr. 5) | | | | |
| Series B Preferred Stock | (1) | (1) | Common Stock | 1,979,226 | (1) | D ⁽²⁾ | | | | |
| 1. Name and Address of Reporting Person* | | | | | | · · · | | | | |

| Name and Address of Reporting Person* Novartis Institutes for BioMedical Research, Inc. | | | | | | | |
|---|----------------------|----------|--|--|--|--|--|
| (Last) 250 MASSACHUS | (First) SETTS AVENUE | (Middle) | | | | | |
| (Street) | | | | | | | |
| CAMBRIDGE | MA | 02139 | | | | | |
| (City) | (State) | (Zip) | | | | | |
| 1. Name and Address of Reporting Person* NOVARTIS AG | | | | | | | |
| (Last) | (First) | (Middle) | | | | | |
| LICHTSTRASSE 35 | | | | | | | |
| (Street) | | | | | | | |
| BASEL | V8 | CH 4056 | | | | | |
| (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 Novartis Institutes for BioMedical Research, Inc. ("NIBRI"). NIBRI is an indirect wholly-owned subsidiary of Novartis AG. Novartis AG may therefore be deemed to have or share beneficial ownership of the Series B Preferred Stock held directly by NIBRI.

Remarks:

Novartis Institutes for
BioMedical Research, Inc., By:
/s/ Scott A. Brown, VP,
General Counsel

Novartis AG, By: /s/ Stefan
Thommen, Authorized
Signatory, By: /s/ Susan Jones,
Authorized Signatory

** 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.