FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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	OMB APPROVAL									
ı	I									
l	OMB Number:	3235-0287								
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l	hours per response	: 0.5								

	Check this box if no longer subject
١	to Section 16. Form 4 or Form 5
J	obligations may continue. See
	Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Lee Kevin					2. Issuer Name and Ticker or Trading Symbol BICYCLE THERAPEUTICS plc [BCYC]								YC]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last)	ast) (First) (Middle) /O BICYCLE THERAPEUTICS PLC					3. Date of Earliest Transaction (Month/Day/Year) 07/03/2023								X	Office	er (give title v)		Other (specify below) ve Officer	
BLOCKS A & B, PORTWAY BUILDING						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) CAMBRIDGE X0 CB21 6GS														X	X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (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.													
		Table	I - No	on-Deriva	tive S	ecur	ities	Acc	uired,	Dis	posed of	, or I	Benefi	cially	/ Owr	ned			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/					Execution			,	Transaction Disposed (Code (Instr. 5)		es Acquired (A Of (D) (Instr. 3,		4 and Secu		cially 1	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	mount (A) or (D)		e	Reported Transaction(s) (Instr. 3 and 4)				
Ordinary	023			S		1,498 ⁽¹⁾ D		\$25	5.1 ⁽²⁾	323,601		D							
		Tab	ole II ·	Derivativ (e.g., pu											Owne	ed			
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, rity or Exercise (Month/Day/Year) if any				Transaction Number Code (Instr. of		rative rities nired r osed)				7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and or Numb		unt		9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4)	y Di or (I)	wnership orm: rect (D) Indirect (Instr. 4)	Beneficial Ownership ct (Instr. 4)	
					Code	$ _{\mathbf{v}} $	(A)	(D)	Date Exercis	able	Expiration Date	Title	of						

Explanation of Responses:

- 1. Represents the number of shares required to be sold to cover the statutory tax withholding obligations in connection with the vesting and settlement of restricted stock units. This sale is mandated by the Reporting Person's award agreement that requires the satisfaction of minimum statutory tax withholding obligations to be funded by a "sell to cover" transaction and does not represent a discretionary sale by the Reporting Person.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$24.85 to \$25.69 inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

Remarks:

<u>/s/ Kevin Lee</u> <u>07/06/2023</u>

** 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.