1. Name and Address of Reporting Person
   Keen Nicholas
   C/O BICYCLE THERAPEUTICS PLC
   B900, BABRAHAM RESEARCH CAMPUS
   CAMBRIDGE X0 CB22 3AT

2. Issuer Name and Ticker or Trading Symbol
   BICYCLE THERAPEUTICS plc [ BCYC ]

3. Date of Earliest Transaction (Month/Day/Year)
   06/28/2019

4. If Amendment, Date of Original Filed (Month/Day/Year)
   05/30/2019

5. Relationship of Reporting Person(s) to Issuer
   Director
   Other (specify below)
   Chief Scientific Officer

6. Individual or Joint/Group Filing (Check Applicable Line)
   X Form filed by One Reporting Person
   Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>1. Title of Security</th>
<th>2. Transaction Date (Month/Day/Year)</th>
<th>3A. Deemed Execution Date, if any (Month/Day/Year)</th>
<th>3. Transaction Code (Instr. 8)</th>
<th>4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>6. Ownership Form: Direct or Indirect (Instr. 4)</th>
<th>7. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stock Option (Right to Buy)</td>
<td>$14</td>
<td>06/28/2019</td>
<td>A</td>
<td>177,404</td>
<td>06/28/2029</td>
<td>Ordinary Shares</td>
<td>177,404</td>
</tr>
</tbody>
</table>

Explanation of Responses:
1. The original Form 4 inadvertently listed the incorrect date of earliest transaction, transaction date and expiration date. This Form 4 amendment is being filed to accurately reflect the appropriate dates.
2. This option shall vest in 36 equal monthly installments at the end of each calendar month following the date of the grant.

Remarks:

/s/ Lee Kalowski, Attorney-in-Fact
04/27/2020
** 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).
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.