FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 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(b) of the Investment Company Act of 1940

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Name and Address of Reporting Person* <u>Keen Nicholas</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol BICYCLE THERAPEUTICS plc [ BCYC ]										tionship of Reporti all applicable) Director		10% O		wner	
(Last)	) (First) (Middle) BICYCLE THERAPEUTICS PLC						3. Date of Earliest Transaction (Month/Day/Year) 07/03/2023									Officer (give title below)  Chief Scient		Other (s below) ntific Officer		specify	
BLOCKS A & B, PORTWAY BUILDING						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Application)						
(Street)	mbridge X0 CB21 6GS													X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication															
												saction was none of Rule 1					ruction or wr	itten p	oian that is inf	enaea to	
			Table I	- No	n-Derivat	tive S	ecur	ities	Acq	uired,	Dis	posed of	, or B	enefi	cially	/ Owr	ned				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/					/Year)	Execu if any	Deemed ution Date, / th/Day/Year)		3. Transaction Code (Instr. 8) 4. Securitie Disposed (5)		es Acquired (A) Of (D) (Instr. 3,		or and	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
										Code	v	Amount	(A) o (D)	Pric	е		orted saction(s) r. 3 and 4)				
Ordinary Shares 07/03/20							)23			S		336(1)	D	\$25.1(2)		38,505			D		
Ordinary Shares														7,000				By GRAT			
			Tab		Derivativ (e.g., pu											Owne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversio or Exercis Price of Derivative Security	n Date	ansaction Execution Date, if any (Month/Day/Year)			4. Transaction Code (Instr. 8)		5. Numl of Deriv Secu Acqu (A) of Dispo of (D) (Instr	rative rities nired r osed )	6. Date I Expirati (Month/I	on Da	ear) Securities Underlying Derivative Security (Instr. 3 and		nt of ties lying tive ty					10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
						Code	v	(A) (D)		Date Exercisable		Expiration Date		Numbe of Shares	r						

## 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:

/s/ Kevin Lee, Attorney-in-

\*\* Signature of Reporting Person Date

07/06/2023

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.