FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF
10 0 0	

## **CHANGES IN BENEFICIAL OWNERSHIP**

**OMB APPROVAL** 3235-0287 Estimated average burden 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

1. Name and Address of Reporting Person*  HARLAND DEBORAH					2. Issuer Name and Ticker of Trading Symbol BICYCLE THERAPEUTICS plc [ BCYC ]  3. Date of Earliest Transaction (Month/Day/Year) 05/28/2019							] (Che	Check all applicable)  X Director 10% Owner						
(Last)													_	Officer (give title		Other (below)	·		
161 WASHINGTON STREET, SUITE 500					4.	If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street) CONSHOHOCKEN PA 19428												Line)	Form fil	-		rting Perso One Repo			
(City)	(S	itate)	(Zip)																
		Та	ble I - No	n-Deri	ivativ	ve S	ecuri	ities Ac	quired	Dis	sposed c	of, or Be	neficially	/ Owned					
Dai			Date			2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)					5. Amount Securities Beneficiall Owned Fol Reported	Form: (D) or		Direct I ndirect E r. 4)	. Nature of ndirect seneficial ownership		
									Code	v	Amount (A) or (D)		Price	Transactio (Instr. 3 an				(Instr. 4)	
Ordinary Shares 05				05/2	8/201	3/2019					893,19	95 A (1)		893,195				See Footnote <sup>(2)</sup>	
Ordinary Shares			05/2	8/201	3/2019					636,36	66 A	(1)	1,529,	1,529,561		1 1	See Footnote <sup>(2)</sup>		
Ordinary Shares 05/28/				8/201	2019		P		385,71	.4 A	\$14	1,915,275		I		See Sootnote <sup>(2)</sup>			
			Table II -								osed of converti		eficially ( urities)	Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	Code (Instr				6. Date E Expiratio (Month/D	n Dat		7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
					Code	v	(A) (D)		Date Exercisa		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)				
Series A Preferred Shares	(1)	05/28/2019			С			893,195	(1)		(1)	Ordinary Shares	893,195	(1)		)	I	See Footnote <sup>(2)</sup>	
Series B1 Preferred	(1)	05/28/2019			С			636,366	(1)		(1)	Ordinary Shares	636,366	(1)	0	)	I	See Footnote <sup>(2)</sup>	

## **Explanation of Responses:**

- 1. Each Series A and B1 Preferred Share automatically converted into Ordinary Shares on a one-for-1.429 basis upon the closing of the Issuer's initial public offering and had no expiration date.
- 2. S.R. One, Limited, an indirect, wholly-owned subsidiary of GlaxoSmithKline plc, is the record holder of the shares reported herein. Deborah Harland holds the title of Vice President at S.R. One, Limited and is an employee of GlaxoSmithKline Services Unlimited, a wholly-owned subsidiary of GlaxoSmithKline plc. Ms. Harland disclaims beneficial ownership of all the shares held by S.R. One, Limited and this report shall not be deemed an admission of beneficial ownership of such shares for the purposes of Section 16 or for any other purpose except to the extent of her pecuniary interest therein.

/s/ Lee Kalowski, as Attorney-

in-Fact

05/30/2019

\*\* 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.