Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D C	20540
vvasiliigtoii,	D.C.	20049

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

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

							, .				1 7								
Name and Address of Reporting Person* Bourque Janice				2. Issuer Name and Ticker or Trading Symbol BICYCLE THERAPEUTICS plc [BCYC]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
<u> Dourqu</u>	ie Jainice										, ,			X Director	or		10% Ow	ner	
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/02/2024										Other (s below)	pecify		
C/O BICYCLE THERAPEUTICS PLC					4	4. If Amendment, Date of Original Filed (Month/Day/Year)							6 15	6. Individual or Joint/Group Filing (Check Applicable					
BLOCKS	S A & B, P	ORTWAY BUIL	DING		4.1	Anne	nament, L	Jale 0	ii Originai	riieu	(IVIOTILIT/Da	iy/ fear)	Line		JoinivGroup	rillig ((Спеск Арр	ilicable	
					.									X Form f	iled by One	Repor	ting Person		
(Street)	IDGE X	0	CB21 6G8	2										Form f Persor		e than (One Report	ing	
CAMBRIDGE AU CB21 003		,	Б	Rule 10b5-1(c) Transaction Indication															
(0)1-1	(0	1-1->	(7 :)		- ' ' '	Rule 1000-1(c) transaction indication													
(City)	(5	tate)	(Zip)		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.							to							
		Tab	ole I - Nor	n-Deriv	vativ	e Se	curities	s Ac	quired,	Dis	posed o	f, or Be	neficial	ly Owned	i				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution Date		Date,	, Transaction Dis		Disposed	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct C Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)		
Ordinary Shares 01/			01/02	2/2024			Α		6,000	1) A	\$0.00	16,750			D				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Conversion Date Executive Conversion Conversion Date Executive Conversion Date Executive Date		3A. Deemed Execution I if any (Month/Day	Date, Transaction Code (Instr.		n of I		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		Owners Form: Direct (I or Indire (I) (Instr	Ownership	Beneficial Ownership ct (Instr. 4)				
				c	Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares						
Stock Option (right to	\$18.08	01/02/2024			A		12,000		(3)		01/02/2034	Ordinary Shares	12,000	\$0.00	12,000	0	D		

Explanation of Responses:

- 1. Represents a restricted stock unit ("RSU") award. The RSUs shall vest in four equal installments on March 15, 2024, June 15, 2024, September 15, 2024 and December 15, 2024
- 2. Each RSU represents a contingent right to receive one ordinary share.
- 3. This option shall vest in four equal installments on March 15, 2024, June 15, 2024, September 15, 2024 and December 15, 2024.

Remarks:

buy)

/s/ Jason Minio, Attorney-in-Fact 01/04/2024

** 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.