FORM 4

Check this box if no longer subject

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

Instruction 1(b)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 5. Relationship of Reporting Person(s) to Issuer 2. Issuer Name and Ticker or Trading Symbol 1. Name and Address of Reporting Person (Check all applicable) BICYCLE THERAPEUTICS PLC [BCYC Skynner Michael Director 10% Owner Officer (give title Other (specify below) below) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) (Last) (First) CHIEF TECHNOLOGY OFFICER 07/03/2024 C/O BICYCLE THERAPEUTICS PLC 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable BLOCKS A & B, PORTWAY BUILDING Line) 1 Form filed by One Reporting Person Form filed by More than One Reporting CAMBRIDGE X0 **CB21 6GS** Person Rule 10b5-1(c) Transaction Indication (City) (State) (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. Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 2. Transaction Date 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) 1. Title of Security (Instr. 3) 5. Amount of Securities 2A. Deemed 6. Ownership 7. Nature 3. Transaction Execution Date Form: Direct of Indirect (Month/Day/Year) if any (Month/Day/Year) Beneficially Owned Following (D) or Indirect Beneficial Code (Instr. 8) (I) (Instr. 4) Ownership Reported (Instr. 4) (A) or (D) Transaction(s) Code Price Amount (Instr. 3 and 4) $S^{(1)}$ **Ordinary Shares** 07/03/2024 967 D \$19.64(2) 93,917 D Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 6. Date Exercisable and 7. Title and 9. Number of 11. Nature 1. Title of 3. Transaction 3A. Deemed 5. Number 8. Price of 10 Expiration Date (Month/Day/Year) Derivative Derivative Conversion **Execution Date** Transaction Amount of derivative Ownership of Indirect or Exercise Price of (Month/Day/Year) Derivative Securities Form: Direct (D) Security Code (Instr. Security Securities Beneficial if any (Month/Day/Year) (Instr. 3) Beneficially 8) Securities Underlying (Instr. 5) Ownership Acquired (A) or Disposed Derivative Security Derivativ Owned Following or Indirect (I) (Instr. 4) (Instr. 4) Security (Instr. 3 and 4) Reported Transaction(s) of (D) (Instr. 3, 4 (Instr. 4) and 5) Amount

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 the RSUs. This sale is mandated by the Reporting Person's award agreement that requires the satisfaction of tax withholding obligations to be funded by a "sell to cover" transaction and does not represent a discretionary sale by the Reporting Person.

Date

Exercisable

Expiration

2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$19.63 to \$19.69 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

> /s/ Laura Berezin, Attorney-in-07/08/2024 **Fact**

** Signature of Reporting Person Date

Number

Shares

Title

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).

ν

Code

(A) (D)

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.