SEC Form 4
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## FORM 4

Check this box if no longer subject

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-02									
Estimated average burden									
hours per response:	0.5								

to Section 16. Fo obligations may Instruction 1(b).		Filed	pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940		Estimated average burden hours per response: 0.5		
1. Name and Addrese Lee Kevin	ss of Reporting Perso	n*	2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>BICYCLE THERAPEUTICS plc</u> [ BCYC ]	(Check all appli	,	son(s) to Issuer 10% Owner Other (specify	
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 10/14/2021	below		below)	
	THERAPEUTICS	-	10/14/2021		nei Executive	Officer	
(Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Line)	Joint/Group Filing	(Check Applicabl	
CAMBRIDGE	X0	CB22 3AT		l	filed by One Repo	0	
(City)	(State)	(Zip)		Perso	filed by More than n	One Reporting	

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported	Form: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150. 4)
Ordinary Shares	10/14/2021		<b>S</b> <sup>(1)</sup>		4,631	D	\$60 <sup>(2)</sup>	225,454	D	
Ordinary Shares	10/15/2021		S <sup>(1)</sup>		320	D	<b>\$60.05</b> <sup>(3)</sup>	225,134	D	
Ordinary Shares	10/18/2021		S <sup>(1)</sup>		49	D	\$ <mark>60</mark>	225,085	D	

## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

	(0.5., parts, came, como, concernance, control and contained)														
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)				6. Date Exerc Expiration Da (Month/Day/Y	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Shares sold pursuant to a Rule 10b5-1 trading plan.

2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$60.00 to \$60.06 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 ranges set forth in footnotes (2) and (3).

3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$60.00 to \$60.10 inclusive.

Remarks:

/s/ Lee Kalowski, Attorney-in-10/18/2021

Fact

\*\* 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.