FORM 4

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

Wash

ILO AND EXCHANGE COMMINICOTON	
hington, D.C. 20549	

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

**OMB APPROVAL** OMB Number: 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*  Thompson Travis Alvin					2. Issuer Name and Ticker or Trading Symbol BICYCLE THERAPEUTICS PLC BCYC									Check	all app Direc	licable)	ng Person(s) to Is 10% O Other (		wner		
(Last)	(Fii	rst) (PERAPEUTICS P	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 07/03/2024									C	below		NTIN	below)	`		
BLOCK	S A & B, P	ORTWAY BUIL	DINC	) 	4. If A	Amend	ment,	Date o	of Origin	nal File	ed (Month/Da	y/Year)		ne)			int/Group Filing (Check Applicable ed by One Reporting Person				
(Street)	(Street) CAMBRIDGE X0 CB21 6GS			6GS		Form filed by One Repor Form filed by More than Person											•				
(City)	(St	ate) (Ž	Zip)		Rul	Rule 10b5-1(c) Transaction Indication							on								
											saction was m ions of Rule 10					uction or writt	en pla	n that is inter	nded to		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/					.	if any	eemed tion Date, h/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Disposed Of	s Acquired (A) or f (D) (Instr. 3, 4 a		nd 5) Securit Benefic Owned		ties cially Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price			rted action(s) . 3 and 4)			(Instr. 4)		
Ordinary Shares 07/03/20					024				S <sup>(1)</sup>		148	D	\$19.6	23,0		3,075		D			
		Tal	ole II								osed of, convertib				wne	d					
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercity Price of Derivative Security		3. Transaction Date (Month/Day/Year)	Execu	eemed Ition Date, h/Day/Year)	4. Transactio Code (Inst ) 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exer Expiration D (Month/Day/		ate	7. Title Amou Secur Under Deriva Secur 3 and	int of ities rlying ative ity (Instr.			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ov Fo Dii or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amount or Number of Shares								

## **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.
- 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

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.