(Street)

(City)

NEW YORK

NY

(State)

10003

(Zip)

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL OMB Number: 3235-0104 Estimated average burden per response: 0.5

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					6(a) of the Securities Exchange A he Investment Company Act of 1					
PERCEPTIVE ADVISORS LLC			2. Date of Event Requiring Statement (Month/Day/Year) 01/25/2018		3. Issuer Name and Ticker or Trading Symbol Solid Biosciences, LLC [SLDB]					
(Last) (First) (Middle) 51 ASTOR PLACE, 10TH FLOOR			01/23/2016		4. Relationship of Reporting Person(s) to (Check all applicable) X Director X 10% (Check all applicable)		(Mo	5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) NEW YORK NY 10003					Officer (give title Other (speci below) below)		App	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Pear Form filed by More than One Reporting Person		
(City) (St	ate) (Zip)		abla I Nam	Doriveti	us Consuition Domoficial	ly Owned				
1. Title of Security (Instr. 4)				2.	2. Amount of Securities Beneficially Owned 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock				2,907,222	I	See	footnote ⁽¹⁾			
		/o. m			Securities Beneficially nts, options, convertible		۵)			
1. Title of Derivative Security (Instr. 4)		2. Date Exercisable ar Expiration Date (Month/Day/Year)		3. Title and Amount of Secur Underlying Derivative Securi	t of Securities		5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	Title	Amount Derivative Security Number of Shares		Direct (D) or Indirect (I) (Instr. 5)		
1. Name and Address PERCEPTIVE	of Reporting Person* ADVISORS LL	<u>C</u>								
(Last) 51 ASTOR PLAC	(First) E, 10TH FLOOR	(Middle)								
(Street) NEW YORK	NY	10003								
(City)	(State)	(Zip)								
1. Name and Address PERCEPTIVE FUND LTD	of Reporting Person* LIFE SCIENCE	S MAST	ΓER	_						
(Last) 51 ASTOR PLAC	(First) E, 10TH FLOOR	(Middle)								
(Street) NEW YORK	NY	10003								
(City)	(State)	(Zip)]						
1. Name and Address EDELMAN JO										
(Last) 51 ASTOR PLAC	(First) E, 10TH FLOOR	(Middle)								

Explanation of Responses:

The securities are directly held by Perceptive Life Sciences Master Fund Ltd. (the "Master Fund"). Perceptive Advisors LLC (the "Advisor") serves as the investment manager of Master Fund. Joseph Edelman is the managing member of the Advisor. Each of Mr. Edelman and the Advisor disclaims, for purposes of Section 16 of the Securities Exchange Act of 1934, beneficial ownership of such securities, except to the extent of his/its indirect pecuniary interest therein, and this report shall not be deemed an admission that either Mr. Edelman or the Advisor is the beneficial owner of such securities for purposes of Section 16 or for any other purposes.

Remarks:

/s/ Perceptive Life Sciences
Master Fund Ltd., By:
Perceptive Advisors LLC, its
investment manager By:
Joseph Edelman, its managing
member
/s/ Perceptive Advisors LLC,

By: Joseph Edelman, its

** Signature of Reporting Person

01/25/2018

Date

managing member

/s/ Joseph Edelman 01/25/2018

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 5 (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.