SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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 OWNERSH 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*		2. Issuer Name and Ticker or Trading Symbol	5. Rela (Check						

IP

OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

I I. Maine and Address of Reporting Feison		n*	2. Issuer Name and Ticker or Trading Symbol Solid Biosciences Inc. [SLDB]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Shall Rajeev IVI.				X	Director	10% Owner		
(Last) C/O SOLID BIC	(Last) (First) (Middle) C/O SOLID BIOSCIENCES INC.		3. Date of Earliest Transaction (Month/Day/Year) 06/13/2019		Officer (give title below)	Other (specify below)		
141 PORTLAND STREET, 5TH FLOOR		LOOR	4. If Amendment, Date of Original Filed (Month/Day/Year)	6 Indiv	ndividual or Joint/Group Filing (Check Applicable			
			4. II Amendment, Date of Original Filed (Nonthibay/Tear)	Line)	idual of Joint/Group Filling (Check Applicable		
(Street)				X	Form filed by One Report	ting Person		
CAMBRIDGE	MA	02139			Form filed by More than C Person	One Reporting		
(City)	(State)	(Zip)						

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)			4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)

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

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)		of		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)	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				
Director Stock Option (Right to Buy)	\$5.26	06/13/2019		A		10,000		(1)	06/13/2029	Common Stock	10,000	\$0.00	10,000	D ⁽²⁾	

Explanation of Responses:

1. This option was granted on June 13, 2019 and vests in full on the earlier to occur of the one-year anniversary of the grant date and immediately prior to the Issuer's next annual meeting of stockholders occurring after the grant date, and will vest automatically as to 100% of the unvested portion of such option upon specified change in control events.

2. Under the Reporting Person's arrangement with RA Capital Management, LLC (the "Manager"), the Reporting Person holds the option for the benefit for the benefit of RA Capital Healthcare Fund, L.P. (the "Fund") and a separately managed account (the "Account"). The Reporting Person is obligated to turn over to the Manager any net cash or stock received upon exercise of the option, which will offset advisory fees owed by the Fund and Account to the Manager. The Reporting Person therefore disclaims beneficial ownership of the option and underlying common stock.

Remarks:

/s/ Rajeev M Shah

** Signature of Reporting Person

06/14/2019

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.