| SEC Form 4 | | | | | | |
|--|-------------------|---|--|---------------------------|------------------------|--|
| FORM 4 | UNITED STAT | OMB APPROVAL | | | | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | RSHIP | OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 | | | | |
| 1. Name and Address of Reporting Person* <u>Keresty Georgia</u> | | 2. Issuer Name and Ticker or Trading Symbol Solid Biosciences Inc. [SLDB] | 5. Relationship of F (Check all applicab | le) | to Issuer 0% Owner | |
| | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 06/11/2024 | Officer (gi below) | | ther (specify elow) | |
| C/O SOLID BIOSCIENCES INC. 500 RUTHERFORD AVENUE, THI | RD FLOOR | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | |
| (Street) CHARLESTOWN MA | 02129 | | Form filed Person | by More than One | Reporting | |
| (City) (State) (| (Zip) | Rule 10b5-1(c) Transaction Indication | | | de se de el de | |
| Tabl | le I - Non-Deriva | Check this box to indicate that a transaction was made pursuant to a satisfy the affirmative defense conditions of Rule 10b5-1(c). See Inst tive Securities Acquired, Disposed of, or Benefic | ruction 10. | r written plan that is in | itended to | |

| 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 (Instr. 4) |
|---------------------------------|--|---|------|---|---|---------------|-------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1130. 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) | | n 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) | \$7.51 | 06/11/2024 | | A | | 34,400 | | (1) | 06/11/2034 | Common Stock | 34,400 | \$0.00 | 34,400 | D | |

Explanation of Responses:

1. This option was granted on June 11, 2024 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.

| /s/ by David Tyronne Howton | |
|----------------------------------|------------|
| as attorney-in-fact for Georgia | 06/13/2024 |
| <u>Keresty</u> | |
| ** Signature of Reporting Person | Date |

** Signature of Reporting Person

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.