FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	20549
vvasi ii iytori,	D.C.	20349

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL							
OMB Number: 3235-028								
Estimated average burden								
hours per response:	0.5							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b)

1. Name and Address of Reporting Person* Shah Rajeev M.					2. Issuer Name and Ticker or Trading Symbol Solid Biosciences Inc. [SLDB]						(Ch	Relationship (eck all applic X Directo	cable)	g Pers	son(s) to Issu 10% Ow		
(Last)	`	irst) MANAGEMEN	(Middle) T, L.P.		3. Date of Earliest Transaction (Month/Day/Year) 06/16/2020 Officer (give title below)										Other (s below)	pecify	
200 BERKELEY STREET, 18TH FLOOR				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	N M	[A	02116									Form filed by One Reporting Person Form filed by More than One Reporting Person				- 1	
(City)	(S	tate)	(Zip)														
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
Date				. Transactio Date Month/Day/Y	Execution Date,		Code (Instr. 5)			ed (A) or tr. 3, 4 and	Beneficia	ies Fo cially (D) Following (I)		orm: Direct) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) or (D)	Price	Transact (Instr. 3	tion(s)			111301. 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)	ive Conversion or Exercise (Month/Day/Year) Date (Month/Day/Year) Fransaction Date (Month/Day/Year) Fransaction Of Code (Instr. 8) Security (Month/Day/Year) Security Paris (A) or Disposit Of (D)			of Derivati Securiti Acquire (A) or Dispose of (D) (II	Derivative Securities Acquired (Month/Day/Year) Underlying Derivative Secur (Instr. 3 and 4)				ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares					
Director Stock Option (Right to But)	\$3.03	06/16/2020		A		30,000		(1)	06	6/16/2030	Common Stock	30,000	\$0.00	30,000)	D ⁽²⁾	

Explanation of Responses:

- 1. This option was granted on June 16, 2020 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, L.P. (the "Manager"), the Reporting Person holds the option 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/ by Lynette Herscha as attorney-in-fact for Rajeev

06/18/2020

Shah

** 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.