SEC For	rm 4																		
	FORM	4 UN	NITED STAT	res :	SEC			SAN			AN	GE CC	)M	MISSIO	N				
			OTATEMEN								~1.4.1			решр				PRO\	/AL
to Sec	Check this box if no longer subject STATEMEN to Section 16. Form 4 or Form 5 obligations may continue. See				T OF CHANGES IN BENEFICIAL OWNERSHIP									Estimated average burden hours per response: 0.5					
Instru	ction 1(b).		Filed	l pursua or Se	ant to s ection	Section 30(h) of	16(a) o the In	of the S vestme	ecuriti nt Cor	ies Exch npany A	ange Act of 2	Act of 193 1940	4						0.0
		Reporting Person*			2. Issuer Name and Ticker or Trading Symbol Solid Biosciences Inc. [SLDB] 5. Relationship of (Check all applic											erson(	(s) to Iss	suer	
<u>RA C</u> A	APITAL N	IANAGEME	<u>NI, L.P.</u>			Earliest					ar)		_	X Direc		-	-	10% Ow	
(Last)	(Fi	,	liddle)		1/202		ranse		vioriti	Dayrica	ur)			belov		ve title		Other (s below)	pecity
200 BEI	RKELEY S	FREET, 18TH FL	LOOR	4. lf A	Ameno	dment, D	ate of	Origina	al Fileo	d (Month	n/Day/	Year)		3. Individual or .ine)	Join	nt/Group Fili	ng (C	heck Ap	plicable
(Street)														Гала		by One Re by More that		•	
BOSTO	BOSTON MA 02116				X Form filed by More than One Reporting Person														
(City)	(St	ate) (Zi	ip)	Rul	le 10	0b5-1	(C)	Tran	sact	tion li	ndic	ation							
					Check satisfy	this box t the affirm	o indic ative d	ate that efense	a trans conditio	action wa	as mac ile 10b	de pursuant 5-1(c). See	to a Inst	a contract, instruction 10.	uction	n or written pl	an tha	t is inten	ded to
		Table	I - Non-Deriva	tive S	Secu	irities	Acq	uired,	, Dis	posed	l of,	or Bene	efic	ially Own	ed				
1. Title of Security (Instr. 3) 2. Transaction Date			Exec	Deeme cution		3. Transaction								6. Ownership Form: Direct		Indirect Beneficial			
	(Mor					y/Year)	Code (Inst 8)		r. 5)				Beneficially Owned Following		(D) or Indirect (I) (Instr. 4)		Ownership (Instr. 4)		
						Î	Code	v	Amo	unt	(A) o (D)	r Price		Reported Transaction(s (Instr. 3 and 4	;)				
Commor	Steals		01/11/2024	┼─			р	+		1160		\$5.53	<u>т</u>	•		т		See	
Common	Slock		01/11/2024	_			P		904	4,160	A	φ3.33		4,192,216	(-)	I	1	footno	$tes^{(1)(2)(4)}$
Commor	Common Stock													109,661		I		See footnotes <sup>(3)(4)</sup>	
		Tab	le II - Derivati	ive Se	curi	ities A	cqui	red, [	Dispo	osed o	of, o	r Benefi	icia	ally Owned	d				
			(e.g., pı		alls, '									S) 8. Price of			10.		
1. Title of Derivative Security	2. Conversion or Exercise	Date	3A. Deemed Execution Date, if any	4. Transa Code (		Deriva	tive	Expirat	ation Date			7. Title and Amount of Securities		Derivative der Security Sec		rivative O curities Fo		wnership of Indirector orm: Beneficia	
(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	8)		Securi Acquir (A) or					I (	Underlying Derivative Security (Ir		Ow		/ned or		rect (D) Ownershi Indirect (Instr. 4) (Instr. 4)	
						Dispos of (D) (Instr.					:	3 and 4)			Trai	oorted nsaction(s) str. 4)		-	
						and 5)					$\rightarrow$	Amo	Nunt	-					
								_				or Num							
				Code	v	(A)		Date Exercis	able	Expirati Date		Title Sha	res						
		Reporting Person*																	
<u> </u>	AFIIAL N		<u>NI, L.F.</u>		-														
(Last)		(First)	(Middle)																
200 BEI	(KELET 5	FREET, 18TH FL			_														
(Street)	NI	MA	02116																
			02110		-														
(City)		(State)	(Zip)																
		Reporting Person*	P																
	<u>pitat 110a</u>		<u>/1_</u>		-														
(Last)		(First)	(Middle)																
	CADITAL	MANACEMENT	гтр																
		MANAGEMENT FREET, 18TH FL																	

(Street) BOSTON	MA	02116			
(City)	(State)	(Zip)			

1. Name and Address of Reporting Person<sup>\*</sup> <u>Kolchinsky Peter</u>

(Last)	(First)	(Middle)								
C/O RA CAPITAL MANAGEMENT, L.P.										
200 BERKELEY STREET, 18TH FLOOR										
(Street)	(Street)									
BOSTON	MA	02116								
(City)	(State)	(Zip)								
1. Name and Add Shah Rajeey	ress of Reporting Per <u>v M.</u>	son*								
(Last)	(First)	(Middle)								
C/O RA CAPI	TAL MANAGEM	IENT, L.P.								
200 BERKELEY STREET, 18TH FLOOR										
(Street)										
BOSTON	MA	02116								
(City)	(State)	(Zip)								
1. Name and Add	ress of Reporting Per	son <sup>*</sup>								
RA Capital	<u>Nexus Fund, L</u>	<u>P.</u>								
(Last)	(First)	(Middle)								
C/O RA CAPITAL MANAGEMENT, L.P.										
200 BERKELEY STREET, 18TH FLOOR										
(Street)										
BOSTON	MA	02116								
(City)	(State)	(Zip)								

## Explanation of Responses:

1. Acquired from the Issuer pursuant to the Securities Purchase Agreement dated January 8, 2024

2. Held directly by RA Capital Healthcare Fund, L.P. (the "Fund").

3. Held directly by RA Capital Nexus Fund, L.P. (the "Nexus Fund").

4. RA Capital Management, L.P. (the "Adviser") is the investment manager for the Fund and the Nexus Fund. The general partner of the Adviser is RA Capital Management GP, LLC (the "Adviser GP"), of which Dr. Peter Kolchinsky and Mr. Rajeev Shah are the managing members. The Adviser, the Adviser GP, Dr. Kolchinsky and Mr. Shah disclaim beneficial ownership of any of the reported securities, except to the extent of their pecuniary interest therein.

## **Remarks:**

Mr. Shah, a Managing Partner of the Adviser, serves on the Issuer's board of directors.

<u>/s/ Peter Kolchinsky, Manager</u> of RA Capital Management, L.P.	<u>01/12/2024</u>
<u>/s/ Peter Kolchinsky, Manager</u> of RA Capital Healthcare <u>Fund GP, LLC, the General</u> <u>Partner of RA Capital</u> <u>Healthcare Fund, L.P.</u>	<u>01/12/2024</u>
<u>/s/ Peter Kolchinsky, Manager</u> of RA Capital Nexus Fund GP, LLC, the General Partner of RA Capital Nexus Fund, L.P.	<u>01/12/2024</u>
<u>/s/ Peter Kolchinsky,</u> individually	01/12/2024
/s/ Rajeev Shah, individually ** Signature of Reporting Person	<u>01/12/2024</u> 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.