FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
vvasiliigion,	D.C.	20040

OMB APPROVAL								
OMB Number:	3235-0287							
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 Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol Solid Biosciences Inc. [SLDB]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify						
(Last) C/O SOI	,	irst) IENCES INC.	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/13/2024								below)	Officer (give title below) Chief Oper		below)		
500 RUTHERFORD AVENUE, THIRD FLOOR					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) CHARLESTOWN MA 02129													X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)					R	Rule 10b5-1(c) Transaction Indication													
Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.											o satisfy								
		Та	ble I - Non	-Deriv	vativ	/e Se	ecurities	s Ac	quired, l	Disp	osed o	f, or Be	neficially	Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (A) (Disposed Of (D) (Instr. 3, 4)				5. Amoun Securities Beneficia Owned Fo Reported	s For lly (D) ollowing (I) (Form (D) or	m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership			
				Code				v	Amount	(A) or (D)	Price	Transacti (Instr. 3 a	tion(s)			(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)	e Conversion Date Execution Date, Ti		Transa Code (I	ransaction Deri ode (Instr. Sec Acq or D of (I		Derivative E		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. Numbe derivative Securities Beneficia Owned Following Reported Transacti	e s Ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
				c	Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares		(Instr. 4)	on(s)			
Employee Stock Option (Right to Buy)	\$ 7.85	02/13/2024			A		117,500		(1) 02/13/2034 Common Stock 11		117,500	\$0	117,500		D				
Restricted Stock Units	(2)	02/13/2024			A		58,750		(3)		(3)	Common Stock	58,750	\$0.00	58,750		D		

Explanation of Responses:

- 1. This option was granted on February 13, 2024 (the "Grant Date") and vests over four years, with 25% of the original number of shares vesting on the first anniversary of the Grant Date and 2.0833% of the original number of shares monthly thereafter until the fourth such anniversary.
- 2. Each restricted stock unit represents a contingent right to receive one share of the issuer's common stock (the "RSUs").
- 3. The RSUs were granted on the Grant Date and vest over four years, with 25% of the original number of shares vesting on each anniversary of the Grant Date until the fourth such anniversary.

/s/ David Tyronne Howton

02/16/2024

** Signature of Reporting Person

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.