Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	C. 20549
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STATEMENT	OF	CHANGES	IN E	BENEFICIA	L O	WNERS	SHIP

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Restricted Stock Units	(1)	02/13/2024			Α		19,444		(2)		(2)	Common Stock	19	,444	\$0.00	19,444		I	Wife
					Code	v	(A)		Date Exercisable		xpiration ate	Title	or Nu of	nount imber ares					
1. Title of Derivative Security 1. Title of Derivative Security 2. Conversion or Exercise (Month/Day/Year) 2. Conversion Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 6. Conversion or Exercise (Month/Day/Year) 7. Conversion Date (Month/Day/Year) 8. Conversion Date (Month/Day/Year)				Date,	4. Transa Code (I 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
									Code	,	Amount (A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)	
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				action	action 2A. Deemed Execution Date,			quired, Disposed of, or Ben 3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. 5)		red (A	A) or 5. Amo Securit Benefic Owned		unt of 6. O Forrially (I) (I		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
	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.										to								
(City)	(St	ate)	(Zip)			Rule 10b5-1(c) Transaction Indication													
(Street) CHARLESTOWN MA 02129				 	Person														
,													X	X Form filed by One Reporting Person Form filed by More than One Reporting					
C/O SOLID BIOSCIENCES INC. 500 RUTHERFORD AVENUE, THIRD FLOOR			4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
(Last)	•	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/13/2024									Officer below)	(give title		Other (s below)	pecify
Name and Address of Reporting Person* Ganot Ilan				<u>So</u>	2. Issuer Name and Ticker or Trading Symbol Solid Biosciences Inc. [SLDB]									ck all applic	able)	Pers	on(s) to Issu 10% Ow		

Explanation of Responses:

- 1. Each restricted stock unit represents a contingent right to receive one share of the issuer's common stock (the "RSUs").
- 2. The RSUs were granted on the February 13, 2024 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 as attorney-in-fact for Ilan Ganot

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.