FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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/ashington,	D.C.	20349	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Booth Bruce				AV	2. Issuer Name and Ticker or Trading Symbol AVROBIO, Inc. [AVRO]						(Ch	5. Relationship of Reporting Person(s) to Issue (Check all applicable) X Director 10% Owner			wner	
(Last)	(F	First)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/06/2023							Officer below)	(give title	Other (below)	specify
C/O AVROBIO, INC. 100 TECHNOLOGY SQUARE, 6TH FLOOR				4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	Individual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person				
(Street)	RIDGE M	1A	02139		D	lo ′	10b5	1/0	\ Transa	otion In	diagtion		Form f Persor		than One Repo	orting
(City)	(5	State)	(Zip)		$ _{\Box}$	Chec	k this box	to inc	Transadicate that a trace defense cond	nsaction was	made pursua	ant to a con		on or written p	olan that is intend	ed to
		Tab	le I - No	n-Deriv	ative	Sec	curities	s Ac	quired, D	isposed	of, or Be	neficial	ly Owned	t		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date			Code (Instr. 5)			red (A) or str. 3, 4 and	Benefici	es I ally (Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code V Am		t (A) or Price		Transac (Instr. 3	tion(s)			
		7							uired, Dis s, options,				Owned			
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise (Instr. 3) Date (Month/Day/Year) Month/Day 3. Transaction Date Execution if any (Month/Day) (Month/Day)		Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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)	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				
Stock Option (Right to Buy)	\$1.09	06/06/2023			A		17,643		(1)	06/05/2033	Common Stock	17,643	\$0	17,643	D ⁽²⁾	

Explanation of Responses:

- 1. The option shall vest in full upon the earlier of June 6, 2024 or the date of the Issuer's 2024 Annual Meeting of Stockholders, subject to the reporting person's continued service as a director through such vesting date.
- 2. This option was granted to the Reporting Person, a director of the Issuer. The proceeds of any sale of shares of common stock issued to the Reporting Person upon exercise of this option will be transferred to Atlas Venture Life Science Advisors, LLC and as such, the Reporting Person disclaims ownership of such securities reported herein for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, except to the extent of his pecuniary interest therein, if any.

/s/ Bruce Booth

06/08/2023

** 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.