

OMB APPROVAL	
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* <u>Arix Bioscience plc</u> (Last) (First) (Middle) 20 BERKELEY SQUARE (Street) MAYFAIR, X0 W1J 6EQ LONDON (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>LogicBio Therapeutics, Inc. [LOGC]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) 10/23/2018	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common stock	10/23/2018		C		2,279,023	A	(1)	2,279,023 ⁽²⁾	I	See Footnote ⁽²⁾
Common stock	10/23/2018		P		700,000	A	\$10	2,979,023	I	See Footnote ⁽²⁾

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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	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)	10. 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				
Series B Preferred Stock	(1)	10/23/2018		C			4,352,775	(1)	(1)	Common Stock	2,279,023	\$0.00	0	I	See Footnote ⁽²⁾

1. Name and Address of Reporting Person*

Arix Bioscience plc

(Last) (First) (Middle)

20 BERKELEY SQUARE

(Street)

MAYFAIR, X0 W1J 6EQ

LONDON

(City) (State) (Zip)

1. Name and Address of Reporting Person*		
Arix Bioscience Holdings Ltd		
(Last)	(First)	(Middle)
20 BERKLEY SQUARE		
(Street)		
MAYFAIR, LONDON	X0	W1J6EQ
(City)		
(State)	(Zip)	

Explanation of Responses:

1. The Series B Preferred Stock converted into LogicBio Therapeutics, Inc. (the "Issuer") common stock effective upon closing of the Issuer's initial public offering.
2. These shares are owned directly by Arix Bioscience Holdings Limited, which is a wholly owned subsidiary of Arix Bioscience Plc. Arix Bioscience Plc is an indirect beneficial owner of the reported securities and disclaims beneficial ownership of the reported securities except to the extent of its pecuniary interest therein.

Remarks:

Arix Bioscience, Plc by: /s/ James Rawlingson, Chief Financial Officer	10/25/2018
Arix Bioscience Holdings Limited, by: /s/ James Rawlingson, Authorized Officer	10/25/2018

** 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.