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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden

0.5

hours per response:

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 [*] Singhal Priya | | | | Issuer Name and Tic BIOGEN INC. | | | Symbol | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|---------|--------------|---|--|----------------------------|---------|------------------------------|-------------------|--|---|---|---|--|--|
| | | | | | | | | | | Director | 10% 0 | Owner | | |
| (Last) 225 BINNEY | (First) | (Middle) | | Date of Earliest Trans 9/01/2023 | saction (N | /lonth/ | 'Day/Year) | X | Officer (give title below) Head of D | | Other (specify below) velopment | | | |
| | | | 4. | If Amendment, Date | of Origina | l Filec | d (Month/Day/ | 6. Indi Line) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | | | | | | | X | Form filed by On | e Reporting Pers | son | | |
| CAMBRIDGE | MA | 02142 | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (State) | (Zip) | F | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | |
| | | | 2 | 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. | | | | | | | | | | |
| | | Table I - No | n-Derivativ | ve Securities Ac | quired | , Dis | posed of, | or Ber | neficially | Owned | | | | |
| Date | | | 2. Transaction Date (Month/Day/Ye | Execution Date, | 3. Transa Code 8) | | 4. Securities Disposed Of | | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | | |
| Common Stock | | 09/01/202 | !3 | М | | 1,668 | Α | \$ <mark>0</mark> | 4,592.0915 | D | | | | |
| Common Stock | | 09/01/202 | 23 | F | | 807 | D | \$267.17 | 3,785.0915 | D | | | | |
| Common Stock | | 09/05/202 | 3 | S | | 431 | D | \$269.43 | 3,354.0915 | D | | | | |

(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. Transa Code (8) | | of | | 6. Date Exerc Expiration Da (Month/Day/Y | ate | 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 | | | | |
| Restricted Stock Unit | \$0 | 09/01/2023 | | М | | | 1,668 | (1) | 09/01/2025 | Common Stock | 1,668 | \$0 | 3,337 | D | |

Explanation of Responses:

1. This award was granted to the reporting person on September 1, 2022 and will vest in three equal installments on each anniversary of the grant date.

/s/ Wendell Taylor, attorney-in-09/06/2023

fact for Priya Singhal

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \ast 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.