

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>Shire Human Genetic Therapies, Inc.</u> _____ (Last) (First) (Middle) 300 SHIRE WAY _____ (Street) LEXINGTON MA 02421 _____ (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>Translate Bio, Inc. [TBIO]</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) 06/30/2020	
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	06/30/2020		S		6,824,992	D	\$20.68	0	D ⁽¹⁾⁽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					

1. Name and Address of Reporting Person* <u>Shire Human Genetic Therapies, Inc.</u> _____ (Last) (First) (Middle) 300 SHIRE WAY _____ (Street) LEXINGTON MA 02421 _____ (City) (State) (Zip)
1. Name and Address of Reporting Person* <u>TAKEDA PHARMACEUTICAL CO LTD</u> _____ (Last) (First) (Middle) 1-1, NIHONBASHI-HONCHO 2-CHOME _____ (Street) CHUO-KU, TOKYO M0 103-8668 _____ (City) (State) (Zip)

Explanation of Responses:

- This statement is being filed jointly by Shire Human Genetic Therapies, Inc. and Takeda Pharmaceutical Company Limited.
- These shares are owned directly by Shire Human Genetic Therapies, Inc., which is an indirect wholly owned subsidiary of Takeda Pharmaceutical Company Limited. Takeda Pharmaceutical Company Limited is an indirect beneficial owner of the reported securities.

Remarks:

/s/ Paul A. Sundberg,
 Assistant Secretary of Shire
 Human Genetic Therapies,
 Inc. 06/30/2020

/s/ Amit Singh, Senior Vice 06/30/2020
President and Head of
Treasury of Takeda
Pharmaceutical Company
Limited

** 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.