SEC For	m 4 FORM	4	UNITED) STA	TES	S SE				EXCHA	NGE C	СОММІ	SSION				
Check Sectior obligati Instruc	STAT	EMEI Filed	d purs	suant t	W CHAN to Sectior on 30(h) o	SHIP	OMB Estim	OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5									
1. Name and Address of Reporting Person* <u>CONRADES GEORGE H</u>									ker or Tradin peutics,]	g Symbol [<mark>nc.</mark> [CY((Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) C/O CYCLERION THERAPEUTICS, INC. 301 BINNEY STREET						3. Date of Earliest Transaction (Month/Day/Year) 06/16/2020								(give title		Other (s below)	pecify
(Street)		02142		Line)								iled by One	oup Filing (Check Applicable One Reporting Person Nore than One Reporting				
(City)	(S	-	(Zip) Die I - Nor	-Deriva	ative	e Sed	curities	s Ac	quired, D	isposed (of, or Be	neficial	y Owned	[
1. Title of Security (Instr. 3) Date (Month/Date)					ear) E	2A. Deemed Execution Date if any (Month/Day/Yea		Code (Ins			ed (A) or str. 3, 4 and	, 4 and Securities Beneficially Owned Foll		Form (D) or	Direct C Indirect E str. 4) C	7. Nature of Indirect Beneficial Ownership	
									Code V	Amount	(A) o (D)	r Price	Transact	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
		-								posed of , converti			Owned				
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date, Ti C	ransaction ode (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exer Expiration D (Month/Day/	ate	of Securities		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	e s Illy J	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				c	ode	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$4.46	06/16/2020			A		10,000		(1)	06/16/2030	Common Stock	10,000	\$0.00	10,00	0	D	

Explanation of Responses:

1. The options, granted pursuant to the director compensation plan, will vest in full on the first anniversary of the grant date.

Remarks:

/s/ David Slatcher, Attorney-in-06/18/2020 <u>Fact</u>

** 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.