FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OI	MB 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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					01 300	11011 30(11)	OI till	- investment	Com	party Act c	71 1340							
Name and Address of Reporting Person* Huyett William					2. Issuer Name and Ticker or Trading Symbol Cyclerion Therapeutics, Inc. [CYCN]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>nuyett willialli</u>				- 1				1 /			-		Direct			10% Ov		
,							_				-	X Office below	give title		Other (s	pecify		
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 11/22/2019										ief Financial Officer			
C/O CYCLERION THERAPEUTICS, INC.					11/22/2010													
301 BINNEY STREET				<u> </u>														
-				— ²	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)												-"	,	filed by One	e Repo	orting Persor	1	
CAMBRIDGE MA 02142												Form filed by More than One Reporting						
													Perso			•		
(City)	(5	State)	(Zip)															
		Ta	ble I - Non-D	erivat	ive Se	ecuritie	s A	cquired, [Disp	osed of	, or Ber	neficial	ly Owned					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				ite	Execution Date,			e, Transaction Disposed (Code (Instr. 5)			ies Acquired (A) o Of (D) (Instr. 3, 4 a		Benefici Owned I	s Form Illy (D) o ollowing (I) (Ir		n: Direct I or Indirect I nstr. 4) (7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)		Reporte Transac (Instr. 3	ion(s)			(Instr. 4)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
								s, options										
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/Yea	Code	saction (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable an Expiration Date (Month/Day/Year)		le and	7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)		Derivative Security	derivativ	ve es ially ng d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Exp Dat	oiration e	Title	Amount or Number of Shares						
Employee Stock Option (Right to Buy)	\$2.01	11/22/2019		A		75,000		(1)	11/2	22/2029 ⁽²⁾	Common Stock	75,000	\$0.00	75,00	00	D		

Explanation of Responses:

1. The stock option grant will vest and become exercisable upon the attainment of both performance-based and service-based hurdles, as follows: (i) 20% of the shares subject to the option, if the average closing price of the common stock reported by Nasdaq for any thirty (30) consecutive trading days equals or exceeds \$10; plus an additional (ii) 40% of the shares, if the average closing price equals or exceeds \$20; plus an additional (iii) 40% of the shares, if the average closing price equals or exceeds \$30; in each case, subject to the continuous employment or service through the later of the date that the performance hurdles set forth above are attained (but no later than December 31, 2024) and December 31, 2021.

2. To the extent unvested as of December 31, 2024, all unvested shares underlying such performance-based option will be cancelled.

Remarks:

/s/ David Slatcher, Attorney-in-

11/26/2019

Fact

** 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.