## Seres Therapeutics, Inc. Form 3 July 10, 2017 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB Number: January 31, **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF** Expires: **SECURITIES** Estimated average burden hours per Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, response... Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> Dere Willard H		2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name <b>and</b> Ticker or Trading Symbol Seres Therapeutics, Inc. [MCRB]				
	(Middle)	7/07/2017	4. Relationshi Person(s) to I	ip of Reporting ssuer	5. If Amendment, Date Original Filed(Month/Day/Year)		
C/O SERES THERAPEU INC., 200 SIDNEY ST	· · · · ·		(Check	all applicable)			
(Street)			X Director Officer (give title below	r 10% Ov Other w) (specify below	Filing(Check Applicable Line)		
CAMBRIDGE, MAÂ	02139				Person Form filed by More than One Reporting Person		
(City) (State)	(Zip)	Table I - N	lon-Derivat	tive Securities	s Beneficially Owned		
1.Title of Security (Instr. 4)		2. Amount of Beneficially (Instr. 4)		Ownership O	4. Nature of Indirect Beneficial Ownership Instr. 5)		
Reminder: Report on a separate owned directly or indirectly.			ally S	EC 1473 (7-02)			
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 control number.							
Table II - Deriv	ative Securitie	es Beneficially Owned (e.	g., puts, calls,	warrants, optio	ons, convertible securities)		

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date		Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I)	

3235-0104

2005

0.5

(Instr. 5)

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
1	Director	10% Owner	Officer	Other		
Dere Willard H C/O SERES THERAPEUTICS, INC. 200 SIDNEY STREET CAMBRIDGE, MA 02139	ÂX	Â	Â	Â		
Signatures						
/s/ Thomas J. DesRosier, Attorney-in-fact	07/10/2017					
**Signature of Reporting Person		Date				
<b>Explanation of Respo</b>	nses	-				

## No securities are beneficially owned

\* If the form is filed by more than one reporting person, *see* Instruction 5(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).

## Â **Remarks:** Exhibit List: Exhibit 24 - Power of Attorney

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.