FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
l	hours per response:	0.5							

	Check this box if no longer subject to
١	Section 16. Form 4 or Form 5
J	obligations may continue. See
	Instruction 1(b).

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>CONRADES GEORGE H</u>						2. Issuer Name and Ticker or Trading Symbol  Cyclorion Theoremouties Inc. [CYCN]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
						<u>Cyclerion Therapeutics, Inc.</u> [ CYCN ]									X	Direc	,	1	0% O	wner		
(Last) (First) (Middle) C/O CYCLERION THERAPEUTICS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 04/01/2019										Office below	er (give title v)		ther ( elow)	specify		
301 BINNEY STREET						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable							
(Street) CAMBRIDGE MA 02142 (City) (State) (Zip)				- 04/	04/03/2019									ine) X	Form	Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Tab	le I - Nor	n-Deriv	ative	Se	curitie	s Ac	quired,	Dis	posed o	f, oı	r Ben	eficia	ally	Owne	ed					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						ar)   E	2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			4 and Sec Ber Ow		ount of ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							v	Amount		(A) or (D)	Price	:	Reported Transaction(s) (Instr. 3 and 4)				(111501.4)					
Common Stock 04/01/						/2019					2,421	1 A		\$0.	00	4,334(2)		D				
		Т	able II - D								sed of, onvertib				y Ov	vned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	Date, Transact Code (In:				6. Date E Expiratio (Month/D	n Date	е	7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)		str. 3	Deri Secu	ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	(D) ect	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nu of	ount nber ares								

## **Explanation of Responses:**

- 1. Represents a restricted stock award that vests as to 100% of the shares of Common Stock on May 30, 2019, subject to the director's continuing service to the Company through the vesting date.
- 2. Includes 1,913 shares of Cyclerion Therapeutics, Inc. common stock received in a pro rata distribution by Ironwood Pharmaceuticals, Inc. as a result of the separation.

## Remarks:

Remark: This amended Form 4 is being filed solely to correct the number of shares beneficially owned by the reporting person following the reported transaction.

/s/ Larry Miller, Attorney-in-Fact 04/04/2019

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.