SEC Form 3 FORM 3

## UNITED STATES SECURITIES AND EXCHANGE

COMMISSION Washington, D.C. 20549

OMB APPROVAL

3235-0104

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response: 0.5

OMB Number:

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 <sup>*</sup> <u>Hyman Steven</u>	Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 07/25/2022 3. Issuer Name and Ticker or Trading Symbol Cyclerion Therapeutics, Inc. [ CYCN ]							
(Last) (First) (Middle) C/O CYCLERION THERAPEUTICS, INC. 245 FIRST STREET, 18TH FLOOR (Street) CAMBRIDGE MA 02142 (City) (State) (Zip)			Issuer	ationship of Reporting k all applicable) Director Officer (give title below)	10% C	) wner (specify	File 6. Ir	d (Month/Day/ ndividual or Jo eck Applicable Form filed I Person	int/Group Filing Line) by One Reporting by More than One
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)				. Amount of Securities eneficially Owned (Instr. ) (D) or Indi (I) (Instr. 5		Direct ndirect	rect Ownership (Instr. 5) direct		
Common Stock				0	D				
Table II - Derivative Securities Beneficially Owned   (e.g., puts, calls, warrants, options, convertible securities)									
I. Title of Derivative Security (Instr. 4) 2. Date Exercisable an Expiration Date (Month/Day/Year)		ate	d 3. Title and Amount of Se Underlying Derivative Sec (Instr. 4)		curity Conver or Exer		sion cise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr.
Evaluation of Degraphics	Date Exercisable	Expiration Date	n Title		Amount Derivati or Security Number of Shares		ive	Direct (D) or Indirect (I) (Instr. 5)	5)

Explanation of Responses:

**Remarks:** 

Exhibit 24 - Power of Attorney

By: /s/ Gary J. Simon,

07/26/2022

\*\* Signature of Reporting Person

Attorney-in-Fact

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 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).

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.

## POWER OF ATTORNEY

Know all by these presents, that the undersigned hereby constitutes and appoints each of Anjeza Gjino, Gary J. Simon and Sokol Malollari signing singly, as the undersigned's true and lawful attorney-in-fact to:

- (1) execute for and on behalf of the undersigned, in the undersigned's capacity as an officer and/or director of Cyclerion Therapeutics, Inc. (the "Company"), a Form ID, including amendments thereto, and any other related documents necessary or appropriate to obtain from the Electronic Data Gathering and Retrieval System of the United States Securities and Exchange Commission (the "SEC") the codes, numbers and passphrases enabling the undersigned to make electronic filings with the SEC as required under the United States Securities Act of 1933, as amended, pursuant to Rule 506(b) of Regulation D promulgated thereunder Forms 3, 4 and 5 in accordance with Section 16(a) of the Securities Exchange Act of 1934, as amended (the "Act"), and the rules thereunder;
- (2) do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to complete and execute any such Form ID, 3, 4 or 5 and timely file such form with the United States Securities and Exchange Commission and any stock exchange or similar authority; and
- (3) take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorneyin-fact, may be of benefit to, in the best interest of, or legally required by, the undersigned, it being understood that the documents executed by such attorney-in-fact on behalf of the undersigned pursuant to this Power of Attorney shall be in such form and shall contain such terms and conditions as such attorney-in-fact may approve in such attorneyfact's discretion.

The undersigned hereby grants to each attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite, necessary or proper to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as the undersigned might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all the acts such attorney-in-fact shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted. The undersigned acknowledges that each of the foregoing attorneys-in-fact, in serving in such capacity at the request of the undersigned, is not assuming any of the undersigned's responsibilities to comply with Section 16 of the Act.

This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms ID, 3, 4 and 5 with respect to the undersigned's holdings of and transactions in securities issued by the Company, unless earlier revoked by the undersigned in a signed writing delivered to each of the foregoing attorneys-in-fact.

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 26th day of July, 2022.

By: /s/ Steven Hyman

Print Name: Steven Hyman