Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

Washington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

OMB APPROVAL									
OMB Number: 3235-0287									
Estimated average burden									
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					or Sec	c non:	U(n) of the ir	ivesime	nt Cor	npany Act o	1940									
1. Name and Address of Reporting Person* DESOUZA ERROL B				2. Issuer Name and Ticker or Trading Symbol <u>Cyclerion Therapeutics, Inc.</u> [CYCN]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)										
<u>BE50</u>	<u>OZIT EIG</u>	TOL D		ŀ	,							-	Direc	tor		10% Ov	ner			
(Last)	(Fi	rst) (M	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 11/30/2023									Office below	er (give title v)		Other (s below)	pecify		
C/O CYCLERION THERAPEUTICS, INC.				ŀ	4 If Amondment Date of Original Filed (Month/Day)(4-a-)								6 Individual or Joint/Croup Filing (Chook Applicable							
245 FIRST STREET, 18TH FLOOR				4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)									
243 FIRST STREET, TOTTIT EOOR													X	X Form filed by One Reporting Person						
(Street)														Form filed by More than One Reporting Person						
CAMBR	RIDGE M	A 0	2142	ŀ		4.0	. = 4()													
Rule 10b5-1(c) Tran								Iran	sac	ction Indication										
(City)	(St	ate) (Z	Zip)		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.															
		Table	I - Non-D	Derivat	ive S	ecur	ities Acq	uired,	Dis	posed of	or B	ene	ficial	ly Own	ed					
Da			Dat	Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)				4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				Benefic	ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) (D)	or I	Price		ed ction(s) 3 and 4)			(Instr. 4)		
Common	Stock		1	11/30/20	023			A		20,000(1)	A		\$ <mark>0</mark>	50,000		D				
Common	Stock		1	11/30/20	/30/2023			A		30,000(2)	A		\$0	30),000	D				
		Tal	ole II - Dei (e.ç				ies Acqu varrants,							Owne	d					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any		Transaction of		6. Date Exercisable and Expiration Date (Month/Day/Year)			Amount of D Securities S		Price of erivative derivative security str. 5) Securities Beneficially Owned Following Reported		Own For Dire	nership	11. Nature of Indirect Beneficial Ownershij (Instr. 4)				

Explanation of Responses:

1. The Reporting Person was granted 20,000 shares of restricted stock pursuant to the Cyclerion Therapeutics, Inc. 2019 Equity Incentive Plan. 2,500 of these shares vest immediately and the remaining 17,500 shares vest ratably over a 42-month period, provided that the Reporting Person remains as a director of Cyclerion Therapeutics, Inc. on such applicable vesting date, subject to certain exemptions

Date

Exercisable

Expiration

of (D) (Instr. 3, 4

and 5)

(A) (D)

2. The Reporting Person was granted 30,000 shares of restricted stock pursuant to the Cyclerion Therapeutics, Inc. 2019 Equity Incentive Plan. 3,750 of these shares vest immediately and the remaining 26,250 shares vest ratably over a 42-month period, provided that the Reporting Person remains as Chair of the Board of Directors of Cyclerion Therapeutics, Inc. on such applicable vesting date, subject to certain exemptions.

/s/ ERROL B DESOUZA

Title

Amount Number

Shares

12/04/2023

Transaction(s) (Instr. 4)

** 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).

Code

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.