FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

wasiiiigtoii,	D.C. 20549	

OMB APP	ROVAL
OMB Number:	3235-02

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

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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>Currie Mark G</u>						2. Issuer Name and Ticker or Trading Symbol <u>Cyclerion Therapeutics, Inc.</u> [CYCN]									Check	ionship of Reportin all applicable) Director Officer (give title		g Person(s) to Issuer 10% Owner Other (speci		wner
	`	THERAPEUTIC	Middle) S, INC.			3. Date of Earliest Transaction (Month/Day/Year) 12/27/2019							X	belov	v)		below)			
(Street) CAMBR (City)	IDGE M	IA ()2142 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								. Indiv ine) X	Form	or Joint/Group Filing (Check Applicable in filed by One Reporting Person in filed by More than One Reporting son				
		Tabl	e I - No	n-Deriv	ative	Sec	uritie	s Ac	quired,	Dis	posed o	f, oı	Ben	efici	ally (Owne	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Execution Date,		Date,	3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)				d 5)	Securi Benefi Owner	cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount		(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 12/27/2				2019	2019		S		25,000	(1) D \$2		\$2.5	55 ⁽²⁾ 296,755		96,755	D				
Common Stock 12/30			12/30/	2019				s 25,000 ⁽¹⁾ D \$		\$2.4	48 ⁽³⁾ 271,755		D							
		Та									osed of, onvertib				y Ov	ned				
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3A. Deemed Execution Date, if any (Month/Day/Year)		n Date, Pay/Year)	4. Transa Code (I 8)	Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Expiration (Month/L	on Dai			ount nber			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owne Form: Direct or Ind (I) (Ins	(D) irect	11. Nature of Indirect Beneficial Ownership (Instr. 4)				

Explanation of Responses:

- 1. The proceeds from the sale are intended to cover income taxes arising out of prior stock option exercises, including those in which the reporting person held the underlying shares.
- 2. The price reported is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$2.54 to \$2.58, inclusive. The reporting person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote.
- 3. The price reported is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$2.38 to \$2.60, inclusive. The reporting person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote

Remarks:

/S/ David Slatcher, Attorney-

12/31/2019

in-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.