FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE** COMMISSION

Washington, D.C. 20549

OMB APPROVAL											
OMB Number:	3235-028										
Estimated average b	ourden										

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Nagendran Sukumar					2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Taysha Gene Therapies, Inc.</u> [ TSHA ]											olicable)	ing Pe	erson(s) to I 10% Ov	
(Last)	(Last) (First) (Middle) C/O TAYSHA GENE THERAPIES, INC.							3. Date of Earliest Transaction (Month/Day/Year) 05/16/2023								X Officer (give title below) Other (specific below)  President and Head of R&D			
3000 PEGASUS PARK DRIVE, SUITE 1430					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) DALLAS TX 75247													X	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(St	ate) (Z	Ľip)		Rule	Rule 10b5-1(c) Transaction Indication													
						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	l - No	n-Derivat	tive Se	ecur	ities	Acc	uired,	Dis	posed of	, or I	3enefic	ially	/ Owr	ned			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)				Year) i	eemed ition Date, h/Day/Year)		Transaction Disposed Code (Instr. 5)		es Acquired (A Of (D) (Instr. 3,				cially I	Forr (D) (	m: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	Amount (A) or (D)		;	Reported Transaction(s) (Instr. 3 and 4)					
Common Stock 05/16/20					.023				P		5,000	A	\$0.0	34		34,226		D	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion Onte (Month/Day/Year)  Price of Derivative Security  3. Transaction Date (Month/Day/Year)  (Month/Day/Year)  33. Deemed Execution Date, if any (Month/Day/Year)			ition Date,	4. Transaction Code (Instr. 8)		5. Numl of Deriv Secu Acqu (A) o Dispo of (D) (Instr	rative rities nired r osed )	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and				9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code V		(A)	(D)	Date Exercisable		Expiration Date	Title	or Number of	er					

## **Explanation of Responses:**

1. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$0.682 to \$0.6879 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 purchased at each separate price within the range set forth in this footnote.

## Remarks:

/s/ Kamran Alam, Attorney-

05/18/2023

\*\* Signature of Reporting Person

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.