FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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)

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

(Last) C/O MO	Name and Address of Reporting Person*  Farrell Robert E Jr  Last) (First) (Middle)  C/O MORPHIC HOLDING, INC.  5 GATEHOUSE DRIVE, A2					2. Issuer Name and Ticker or Trading Symbol Morphic Holding, Inc. [ MORF ]  3. Date of Earliest Transaction (Month/Day/Year) 04/17/2023  4. If Amendment, Date of Original Filed (Month/Day/Year)								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title Other (specify below) below)  SVP Finance and CAO  6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street)	Street) WALTHAM MA 02451													X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S		(Zip)		X	Satisfy the allimitative defense conditions of Natio 1903-1(c), see insudation 10.												
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/You			tion	n 2A. Deemed Execution Date,		3. Transaction Code (Instr.		A. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			5. Amo Securit Benefic Owned	unt of es ially Following	Form (D) o	r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	ction(s)			(Instr. 4)		
Common Stock 04/17/202					2023	23		S <sup>(1)</sup>	Ш	10,000	D	\$40	12	2,222		D		
Common Stock 04/17/202				2023	23		<b>S</b> <sup>(1)</sup>		10,000	D	\$42.5001	(2) 2	2,222		D			
Common Stock 04/19/202			2023	23		M		10,000	A	\$4.32	12	12,222		D				
1. Title of Derivative Security or Exercise (Month/Day/Year)  (e.g., pt. 4. Conversion Date (Month/Day/Year) 3A. Deemed Execution Date, if any			puts, 4. Transa	uts, calls, warrant  5. Number of ode (Instr. Derivative		quired, Disposed of, s, options, convertil 6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares					
Stock Option (right to buy Common Stock)	\$4.32	04/19/2023			М			10,000	(	(3)	12/14/2028	Common Stock	10,000	\$0.00	50,270	0	D	

## **Explanation of Responses:**

- 1. The sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.
- 2. The reported price in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$42.50 to \$42.51 per share, 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 range set forth in this footnote.
- 3. The option is fully vested.

## Remarks:

/s/ Robert Farrell, Jr.

\*\* Signature of Reporting Person Date

04/19/2023

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

- $^{\ast}$  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.