FORM 4

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

Washington, D	D.C. 20549
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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

OMB APPROVAL 3235-0287 Estimated average burden 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*     Dudley Robert Michael					2. Issuer Name and Ticker or Trading Symbol  Transcode Therapeutics, Inc. [ RNAZ ]									all app Direc	tor	ng Per X	10% O	wner		
	(Fir ANSCODE TY SQUAI	THERAPEUTIO	Middle)	C.		3. Date of Earliest Transaction (Month/Day/Year) 05/27/2022									below	Officer (give title pelow)  Chief Exec		Other (below)  Officer	specify	
(Street) BOSTON (City)	N MA	A 0	2109 Zip)		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							1	6. Indiv Line) X	Form	or Joint/Group Filing (Check Applicable rm filed by One Reporting Person rm filed by More than One Reporting rson				
		Table	I - No	n-Deriva	tive S	Secui	rities	Acc	quired	, Dis	posed of	, or E	Benef	icially	Own	ed				
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day				Execu //Year)   if any		Deemed cution Date, ny nth/Day/Year)		3. Transaction Code (Instr. 8)			s Acquired (A) of f (D) (Instr. 3, 4			5. Amo Securit Benefic Owned	ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	Amount	(A) o (D)	r Pric	Trans		action(s) 3 and 4)								
Common	Common Stock 05/27/20					022			P		28,000	A	\$1	.8444	87	71,114		D		
Common Stock 05/31/20					022				P		2,000	A	\$1	.8699	699 873,114			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)	ative Conversion Date Execution Date, rity or Exercise (Month/Day/Year) if any		tion Date,	4. Transaction Code (Instr. 8)		of Deriv	r osed ) r. 3, 4	6. Date Exerc Expiration Da (Month/Day/Y		ate	7. Title and Amount of Securities Underlying Derivative Security (In 3 and 4)		Der Sec (Ins	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
From law atting					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	or Numb of Share	er						

Explanation of Responses:

/s/ Thomas A. Fitzgerald, as

06/01/2022

Attorney-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.