

OMB APPROVAL	
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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>Novartis Bioventures Ltd</u> (Last) (First) (Middle) <u>C/O NOVARTIS INTERNATIONAL AG</u> <u>LICHTSTRASSE 35</u> (Street) <u>BASEL V8 CH-4056</u> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>Aeglea BioTherapeutics, Inc. [AGLE]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) <u>05/11/2018</u>	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	05/11/2018		S		19,550	D	\$10.06 ⁽¹⁾	2,175,314	D ⁽²⁾	

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 or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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 Exercisable	Expiration Date					

1. Name and Address of Reporting Person*
Novartis Bioventures Ltd

 (Last) (First) (Middle)
C/O NOVARTIS INTERNATIONAL AG
LICHTSTRASSE 35

 (Street)
BASEL V8 CH-4056

 (City) (State) (Zip)

1. Name and Address of Reporting Person*

[NOVARTIS AG](#)

(Last) (First) (Middle)

[C/O NOVARTIS INTERNATIONAL AG](#)

[LICHTSTRASSE 35](#)

(Street)

[BASEL](#)

[V8](#)

[CH 4056](#)

(City)

(State)

(Zip)

Explanation of Responses:

1. Reflects sales of common stock executed in multiple transactions at prices ranging from \$10.00 to \$10.25. The price reported reflects the weighted average sale price. The Reporting Persons hereby undertake to provide upon request to the Securities and Exchange Commission staff, the Issuer or a security holder of the Issuer full information regarding the number of shares and prices at which the sales were effected.
2. The shares are directly owned by Novartis Bioventures Ltd. Novartis Bioventures Ltd. is a wholly-owned indirect subsidiary of Novartis AG, which is an indirect beneficial owner of the reported securities.

[/s/ Bart Dzikowski,](#)
[Authorized Signatory on](#)
[behalf of Novartis Bioventures](#) [05/14/2018](#)
[Ltd](#)

[/s/ Stephan Sandmeier,](#)
[Authorized Signatory on](#)
[behalf of Novartis Bioventures](#) [05/14/2018](#)
[Ltd](#)

[/s/ Bart Dzikowski,](#)
[Authorized Signatory on](#) [05/14/2018](#)
[behalf of Novartis AG](#)

[/s/ Stephan Sandmeier,](#)
[Authorized Signatory on](#) [05/14/2018](#)
[behalf of Novartis AG](#)

** 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.