FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB APPROVAL

OMB Number: 3235-0287

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0.5

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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10

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* Magovcevic-Liebisch Ivana (Last) (First) (Middle) VIGIL NEUROSCIENCE, INC. 100 FORGE ROAD, SUITE 700 (Street) WATERTOWN MA 02472 | | | | | 2. Issuer Name and Ticker or Trading Symbol Vigil Neuroscience, Inc. [VIGL] 3. Date of Earliest Transaction (Month/Day/Year) 12/18/2024 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Inc | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---|--------|-----------|---|--|---|---------------------------|---|-----------------|--------------|-------------------------------------|---------------------------|--|---|---|---|--|--|------------|
| (City) | (| State) | (Zip) | | | | | | | | | | | | Perso | on | | | |
| | | Table | e I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or I | 3ene | ficiall | ly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution Date, | | | Transaction Disposed Of Code (Instr. 5) | | | es Acquired (A Of (D) (Instr. 3, | | | ies cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or F | Price | Reporte Transa (Instr. 3 | ction(s) | | | (Instr. 4) |
| Common Stock 12/18/2 | | | | 2024 | | P | | 5,000 | A \$ | | \$1.67 | 217,687 | | 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) | | | ion Date, | 4. Transaction Code (Instr. 8) | | of Deriv Secu Acqu (A) o Dispo | r osed) r. 3, 4 | Expiration Da (Month/Day/Yo | | te Amount of | | estr. | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4) | y Ow For Dir or (I) | vnership rm: rect (D) Indirect (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code V | | (A) | (D) | Date Exercis | able | Expiration Date | Numb of Title Share | | . | | | | | |

Explanation of Responses:

/s/ Michael Cohen, Attorneyin-Fact

** Signature of Reporting Person

12/18/2024

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.