FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D	.C. 20549
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OIVID APPROVAL										
OMB Number:	3235-0287									
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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).

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.

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

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Name and Address of Reporting Person* Budd Haeberlein Samantha L.						2. Issuer Name and Ticker or Trading Symbol Vigil Neuroscience, Inc. [VIGL]								(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Budd Haederiem Samantha L.											-			V	Direc	tor		10% Ov	vner		
(Last) VIGIL N	3. Date of Earliest Transaction (Month/Day/Year) 12/19/2024									Office below	er (give title /)		Other (s below)	specify							
100 FOR	_																				
	4. If /	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Inc	6. Individual or Joint/Group Filing (Check Applicable										
(Street)														Form filed by One Reporting Person							
, ,	TOWN M	A 0	2472												Form filed by More than One Reporting						
															Person						
(City)	(S	tate) (2	Zip)																		
		Table	I - No	n-Deriva	tive \$	Secu	rities	s Acq	uired	, Dis	posed of	, or E	Bene	eficiall	y Own	ed					
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)						ties cially I Following	Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) (D)	or F	Price		ted action(s) 3 and 4)			(Instr. 4)			
Common Stock 12/19/2					2024				P 12,0		12,000	A	. \$	\$1. 71 ⁽¹⁾	12,000]	D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
				(e.g., pu	ıts, ca	alls, v	warra	ants,	optio	ns, c	onvertib	le se	curi	ties)							
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any			emed ion Date, /Day/Year)		Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exercion Da /Day/Y		7. Title and Amount of Securities Underlying Derivative Security (Insti 3 and 4)		De Se (Ir	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y O F D oi (!)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amo or Num of Shar	nber							

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. The shares were purchased in multiple transactions at prices ranging from \$1.69 to \$1.72, 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 at which the transactions were effected.

/s/ Michael Cohen, Attorneyin-Fact

12/19/2024

** 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.