SEC Form 4											
FORM 4		UNITED S	OMB APPROVAL								
Check this box if I Section 16. Form obligations may c Instruction 1(b).		STATE	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940	ERSHIP	OMB Number: Estimated average burd hours per response:	3235-0287 en 0.5					
1. Name and Addres Booth Bruce	s of Reporting Pers	son [*]	2. Issuer Name and Ticker or Trading Symbol <u>Vigil Neuroscience, Inc.</u> [VIGL]	5. Relationship of (Check all applica	Reporting Person(s) to Is ble) 10% C						
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 06/05/2024	Officer (g below)	give title Other below	(specify)					
VIGIL NEUROSCIENCE, INC. 100 FORGE ROAD, SUITE 700			4. If Amendment, Date of Original Filed (Month/Day/Year)	Line)	int/Group Filing (Check A d by One Reporting Pers						
(Street) WATERTOWN	МА	02472		Form file Person	d by More than One Rep	orting					
		02472	Rule 10b5-1(c) Transaction Indication								
(City)	(State)	(Zip)		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.							
	•	Table I - Non-D	erivative Securities Acquired, Disposed of, or Benefi	icially Owned							

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)					5. Amount of Securities Beneficially Owned Following Reported	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	Transaction(s) (Instr. 3 and 4)		(11041. 4)

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. Transa Code (8)				ate	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	Title	Amount or Number of Shares				
Stock Option Award (Right to Buy)	\$3.38	06/05/2024		А		18,068		(1)	06/05/2034	Common Stock	18,068	\$0.00	18,068	D ⁽²⁾	

Explanation of Responses:

1. This option was avarded to the reporting person pursuant to the Issuer's 2021 Stock Option and Incentive Plan. The shares subject to this option shall vest and become exercisable upon the earlier to occur of (i) June 5, 2025 and (ii) the next annual meeting of the Issuer's stockholders.

2. The Reporting Person is a member of Atlas Venture Associates XII, LLC and is obligated to transfer the economic benefit, if any, received upon the sale of the shares issuable upon exercise of this stock option award to Atlas Venture Life Science Advisors, LLC. As such, the Reporting Person disclaims beneficial ownership of the securities reported herein for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, except to the extent of his pecuniary interest therein, if any.

<u>/s/ Ommer Chohan, Attorney-</u> <u>in-Fact</u> <u>06/07/2024</u>

** 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.