FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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* DeSilva Nishan M	2. Date of E Requiring S (Month/Day 06/23/202	tatement /Year)	3. Issuer Name and Ticker or Trading Symbol SELECTA BIOSCIENCES INC [SELB]				
(Last) (First) (Middle) C/O SELECTA BIOSCIENCES, INC. 65 GROVE STREET (Street) WATERTOWN MA 02072 (City) (State) (Zip)	-		4. Relationship of Reporting Issuer (Check all applicable) X Director Officer (give title below)	10% C	wner 6. (Cl	Individual or Joneck Applicable X Form filed Person	int/Group Filing e Line) by One Reporting by More than One
Table I - Non-Derivative Securities Beneficially Owned							
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. I)			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)							
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable Expiration Date (Month/Day/Year)		ate	Underlying Derivative Security Convers (Instr. 4)		Conversion or Exercise	ise Form:	6. Nature of Indirect Beneficial Ownership (Instr.
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	5)

Explanation of Responses:

Remarks:

No securities are beneficially owned.

Matthew Bartholomae, Attorney-in-Fact for

Nishan de Silva

** Signature of Reporting

Person

Date

07/09/2021

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 5 (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.