| SEC Form 4 |
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FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

| | ONDATINOVAL | | | |
|--|-----------------------|-------------------------|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-0287 | | |
| | Estimated average bur | 3235-0287 age burden | | |
| Eiled purcuent to Section 16(a) of the Securities Exchange Act of 1024 | hours per response: | 0.5 | | |

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| Instruction 1 | l(b). | | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | |
|---------------------|---|-----------------------|--|------------------|---|-------------|----------------------------|--|--|--|--|--|
| | ddress of Reporting ian <u>Sanjay</u> | g Person [*] | 2. Issuer Name and Ticker or Trading Symbol Inozyme Pharma, Inc. [INZY] | | ationship of Reporti k all applicable) Director | 0 | (s) to Issuer 10% Owner | | | | | |
| (Last) C/O INOZY | (First) (Middle) NOZYME PHARMA, INC. SUMMER STREET, SUITE 400 | | 3. Date of Earliest Transaction (Month/Day/Year) 09/29/2023 | X | Officer (give title below) | | Other (specify pelow) | | | | | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indi Line) | vidual or Joint/Grou | p Filing (C | heck Applicable | | | | | |
| (Street) | | | | X | Form filed by On | e Reportin | g Person | | | | | |
| BOSTON | MA | 02210 | | | Form filed by Mo Person | re than Or | ne Reporting | | | | | |
| (City) | (State) | (Zip) | Rule 10b5-1(c) Transaction Indication | · · | | | | | | | | |

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-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. Transa Code (8) | | | | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|---|------------------------------|---|--------|---------------|--------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock | 09/29/2023 | | A ⁽¹⁾ | v | 2,319 | A | \$3.57 | 30,398 | 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) | 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) | | of Deriv Secu Acqu (A) o Dispo of (D (Insti | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 7. Titl Amou Secur Unde Deriv Secur 3 and | int of rities rlying ative rity (Instr. | 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 | | | | |

Explanation of Responses:

1. Shares purchased pursuant to the Inozyme Pharma, Inc. 2020 Employee Stock Purchase Plan ("ESPP"), for the ESPP purchase period of April 1, 2023 through September 30, 2023. In accordance with the ESPP, these shares were purchased at a price equal to 85% of the closing price of the Issuer's common stock on September 29, 2023, the last trading day of the purchase period.

Remarks:

/s/ Sanjay S. Subramanian

** Signature of Reporting Person

10/03/2023

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.