FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

\	D 0	00540	
Washington.	D.C.	20549	

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL											
OMB Number:	3235-0287										
Estimated average	burden										
hours per response	. 05										

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 10b5-14(x). See heat writing 1

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(c). Se	ee Instruction 1	0.																
	nd Address of Matthew	Reporting Person*							er or Tra , <u>Inc.</u>						lationship ck all app Direc	licable)	ng Person(s) to	Issuer Owner
,		-												<b>V</b>	0.00	er (give title		(specify
(Last)	(Fir	st) (N	Middle)		Date of Earliest Transaction (Month/Day/Year)									below	,	below	"	
C/O INOZYME PHARMA, INC.					09/30/2024										C	00		
321 SUMMER STREET SUITE 400																		
					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable						
(Street)														Line)		filed by On	e Reporting Pe	reon
BOSTO	N M	A 0	2210												_	,	re than One Re	
															Perso			
(City)	(Sta	ate) (2	Zip)															
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			, 4 and Securi Benefi		ties F cially (I I Following (I	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership					
								Code	v	Amount	(A) or (D)		Price	Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock 09/30/2					2024		<b>A</b> <sup>(1)</sup>	v	1,710	A \$4.4		\$4.45	4,898		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
				(e.g., pı	ıts, ca	alls, v	warra	ants,	optior	ıs, c	onvertib	le se	curit	ies)				
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date, if any		4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Dispo	vative irities ired r osed )	6. Date Exerci Expiration Dat (Month/Day/Ye		te	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 Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownershi Form: y Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)		
					Code	v	(A)		Date Exercis	able	Expiration Date	Title	Amo or Num of Shar	ber				

## **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, 2024 through September 30, 2024. 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 30, 2024, the last trading day of the purchase period.

/s/ Sanjay Subramanian, as attorney-in-fact for Matthew Winten

10/03/2024

Winton

\*\* 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.