FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## WNERSHIP OF OMB APPROVAL OMB Number: 32350104 Estimated average burden hours per response: 0.5

## 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*     Mathers Edward T			Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 07/23/2020  3. Issuer Name and Ticker or Trading Symbol Inozyme Pharma, Inc. [ INZY ]					
SUITE 600 (Street)	1954 GREENSPRING DRIVE SUITE 600 (Street)			4. Relationship of Reportin Issuer (Check all applicable)  X Director  Officer (give title below)	10% C	owner 6 ((specify	5. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person  Form filed by More than One		
(City)	(State)	21093 (Zip)						Reporting Person	
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)				i	2. Amount of Securities Beneficially Owned (Instr. 4)	Form: [ (D) or li	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)  4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securitie Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise		6. Nature of Indirect Beneficial Ownership (Instr.
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**Explanation of Responses:** 

## Remarks:

No securities are beneficially owned.

/s/ Sasha Keough, attorney-in-fact 07/23/2020

\*\* Signature of Reporting Person

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.