

OMB APPROVAL	
OMB Number:	3235-0104
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

1. Name and Address of Reporting Person* <u>Soleus Private Equity GP I, LLC</u>  (Last) (First) (Middle) 104 FIELD POINT ROAD, 2ND FLOOR  (Street) GREENWICH CT 06830  (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 04/30/2020	3. Issuer Name and Ticker or Trading Symbol <u>Lyra Therapeutics, Inc. [ LYRA ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director <input checked="" type="checkbox"/> 10% Owner  Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date					Title
Common Stock Warrant	01/27/2020	01/27/2030	Common Stock	31,382	8.63	I	See footnote <sup>(1)</sup>

1. Name and Address of Reporting Person\*  
Soleus Private Equity GP I, LLC  
 (Last) (First) (Middle)  
 104 FIELD POINT ROAD, 2ND FLOOR  
 (Street)  
 GREENWICH CT 06830  
 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
Soleus Private Equity Fund I, L.P.  
 (Last) (First) (Middle)  
 104 FIELD POINT ROAD, 2ND FLOOR  
 (Street)  
 GREENWICH CT 06830  
 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
Soleus PE GP I, LLC

(Last)	(First)	(Middle)
104 FIELD POINT ROAD, 2ND FLOOR		
(Street)		
GREENWICH	CT	06830
(City)		
(State)	(Zip)	
1. Name and Address of Reporting Person*		
<u>Levy Guy</u>		
(Last)		
(First)	(Middle)	
C/O SOLEUS PRIVATE EQUITY GP I, LLC		
104 FIELD POINT ROAD, 2ND FLOOR		
(Street)		
GREENWICH	CT	06830
(City)		
(State)	(Zip)	

**Explanation of Responses:**

1. The reportable securities are owned directly by Soleus Private Equity Fund I, L.P. ("Soleus PE"). Soleus Private Equity GP I, LLC ("Soleus GP") is the sole general partner of Soleus PE. Soleus GP holds voting and dispositive power over the shares held by Soleus PE. Soleus PE GP I, LLC is the sole manager of Soleus GP. Mr. Guy Levy is the sole managing member of Soleus PE GP I, LLC. Each of Mr. Guy Levy, Soleus PE GP I, LLC and Soleus GP disclaims beneficial ownership of these securities and this report shall not be deemed an admission that they are the beneficial owners of such securities for purposes of Section 16 or for any other purpose, except to the extent of their respective pecuniary interests therein.

<u>Soleus Private Equity GP I, LLC /s/ Guy Levy, Managing Member of Soleus PE GP I, LLC,</u>	<u>05/15/2020</u>
<u>which is the Manager of Soleus Private Equity GP I, LLC</u>	
<u>Soleus Private Equity Fund I, L.P., /s/ Guy Levy, Managing Member of Soleus PE GP I, LLC,</u>	<u>05/15/2020</u>
<u>which is the Manager of Soleus Private Equity GP I, LLC, which is the General Partner of Soleus Private Equity Fund I, L.P.</u>	
<u>Soleus PE GP I, LLC /s/ Guy Levy, Managing Member</u>	<u>05/15/2020</u>
<u>Guy Levy /s/ Guy Levy</u>	<u>05/15/2020</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 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.**