FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL				
	OMB Number:	3235-0287				
l	Estimated average burde	en				
l	hours per response:	0.5				

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(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

1. Name and Address of Reporting Person*							2. Issuer Name <b>and</b> Ticker or Trading Symbol Axcella Health Inc. [ AXLA ]									ionship of Reporting F all applicable) Director		Person(s) to Issuer	
	(CELLA H		3. Date of Earliest Transaction (Month/Day/Year) 06/27/2019									Offic below	er (give title w)		her (sp low)	pecify			
840 MEMORIAL DRIVE  (Street)  CAMBRIDGE MA 02139					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Forn Forn	dual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person			
(City) (State) (Zip)																			
		Tab	le I - No	on-Deriv	ative	Sec	uritie	s Ac	quired	l, Di	sposed o	f, or l	3ene	icially	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/						Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired (A) of (D) (Instr. 3, 4)					Secur Benef Owne	icially d Following	6. Ownersh Form: Dire (D) or Indir (I) (Instr. 4)	ct of ect Be	7. Nature of Indirect Beneficial Ownership	
							v	Amount	(A) (D)	or Pr	ice	Trans	Reported Transaction(s) (Instr. 3 and 4)		"	nstr. 4)			
Common	Stock	2019	019			P		100	A		\$9.15	1	14,600						
Common	Stock	2019	019		P		5,400	A \$10.		10.04(1)	20,000		D						
		Ta	able II -								osed of, convertib				wned				
1. Title of Derivative Security (Instr. 3)	tive Conversion Date Execution or Exercise (Month/Day/Year) if any		on Date, Day/Year) -	4. Transaction Code (Instr. 8)		of	r osed : 3, 4	Expirat (Month	6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Exercisable Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe of Title Shares		De Se (In:	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form: Direct ( or Indir (I) (Inst	hip of B O) O ect (li	1. Nature of Indirect Beneficial Dwnership Instr. 4)	

## **Explanation of Responses:**

1. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$9.36 to \$11.10, inclusive. The reporting person undertakes to provide to Axcella Health Inc., any security holder of Axcella Health Inc., or the staff at the Securities and Exchange Commission, upon request, full information regarding the number of shares bought at each separate price within the range set forth in this footnote.

> By: /s/ Thomas Leggett, as 07/01/2019 Attorney-in-Fact

\*\* 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.