(City)

FPA, L.P.

(State)

1. Name and Address of Reporting Person\*

(Zip)

FORM 3

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

# OMB APPROVAL OMB Number: 3235-0104

Estimated average burden

### hours per response: 0.5

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

								<u> </u>		
	Filed pursuant or Secti	to Se	ection 16 0(h) of th	6(a) of the Securities Exchar ne Investment Company Act	nge Act of of 1940	1934				
1. Name and Address of Reporting Person* Flagship Pioneering Inc.	2. Date of Event Requiring Statement (Month/Day/Year) 10/13/2022		ment	3. Issuer Name and Ticker Axcella Health Inc						
(Last) (First) (Middle) 55 CAMBRIDGE PARKWAY, SUITE				4. Relationship of Reporting Issuer (Check all applicable)				f Amendment, d (Month/Day	Date of Original Year)	
800E (Street)	-			Director ) Officer (give title below)	Other below	(specify	6. lı (Ch	eck Applicable	oint/Group Filing te Line) by One Reporting	
CAMBRIDGE MA 02142	===						)	Form filed Reporting	by More than One Person	
(City) (State) (Zip)	ıble I - Non	-De	rivativ	ve Securities Benefic	cially O	wned				
1. Title of Security (Instr. 4)			2	. Amount of Securities Seneficially Owned (Instr.	3. Ownership 4			I. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock				3,048,780(1)		By FPA, L.P. <sup>(2)</sup>				
				Securities Beneficia ts, options, convert			)			
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable and Expiration Date (Month/Day/Year)			(Instr. 4) or E		4. Conver or Exer Price o	cise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
					Amount or Number		ive	or Indirect (I) (Instr. 5)		
	Date Exercisable	Exp Dat	piration te	Title	of Shares					
1. Name and Address of Reporting Person* Flagship Pioneering Inc.										
(Last) (First) (Mid 55 CAMBRIDGE PARKWAY, SUITE	ddle) 800E									
(Street) CAMBRIDGE MA 021	42	_								
(City) (State) (Zip	)									
1. Name and Address of Reporting Person* FPA General Partner LLC										
(Last) (First) (Middle) 55 CAMBRIDGE PARKWAY, SUITE 800E										
(Street) CAMBRIDGE MA 021	42	_								

(Last)	(First)	(Middle)					
55 CAMBRIDGE PARKWAY, SUITE 800E							
(Street)							
CAMBRIDGE	MA	02142					
(City)	(Stata)	(7in)					
(City)	(State)	(Zip)					

#### **Explanation of Responses:**

- 1. On October 13, 2022, FPA, L.P. ("FPA Fund") purchased 3,048,780 shares of the Issuer's Common Stock in a registered direct offering at a price of \$1.64 per share pursuant to a Securities Purchase Agreement dated October 13, 2022
- 2. Shares held by FPA Fund. FPA General Partner LLC ("FPA Fund GP") is the general partner of FPA Fund. Flagship Pioneering, Inc. ("Flagship Pioneering") is the manager of FPA Fund GP. Noubar B. Afeyan, Ph.D. is the CEO and sole stockholder of Flagship Pioneering. Each of the reporting persons except for FPA Fund disclaims beneficial ownership of such shares except to the extent of his or its pecuniary interest therein.

#### Remarks:

Flagship Pioneering, Inc., By: /s/ Noubar B. Afeyan, PhD., Name: Noubar B. 10/17/2022 Afeyan, Ph.D., Title: Chief **Executive Officer** FPA General Partner LLC, By: Flagship Pioneering, Inc., its manager, By: /s/ Noubar B. Afeyan, PhD., 10/17/2022 Name: Noubar B. Afeyan, Ph.D., Title: Chief **Executive Officer** FPA, L.P., By: FPA General Partner LLC, its general partner, By: Flagship Pioneering, Inc., its manager, By: /s/ 10/17/2022 Noubar B. Afeyan, PhD., Name: Noubar B. Afeyan, Ph.D., Title: Chief **Executive Officer** \*\* Signature of Reporting Date Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.