## FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, [	D.C.	20549
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STATEMENT	OF CHANG	ES IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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*  Mills Kenneth T.																	licable)	Reporting Person(s) to Issuer le) 10% Owner		
	nst) (First) (Middle) O REGENXBIO INC. 00 BLACKWELL ROAD, SUITE 210					3. Date of Earliest Transaction (Month/Day/Year) 11/12/2018									X Officer (give title below)			Other (specify below)		(specify
(Street) ROCKV			20850 Zip)		- 4. If								. Indiv ine) X	Form filed by One Reporting Person  Form filed by More than One Reporting  Person						
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				Execut ay/Year) if any		Deemed ecution Date, ny nth/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 a				and 5) Sec Ben Owi		ount of ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A (D	) or )	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 11				11/12/	2018				S <sup>(1)</sup>		13,586		D	\$62.	62.85(2)		292,414		D	
Common Stock 11/2				11/12/	2018				S <sup>(1)</sup>		6,214		D \$63.6		286,200 286,200			D		
Common Stock 11/12/2				2018				S <sup>(1)</sup>		200		D	\$64	1.3	286,000			D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	tive ty Conversion or Exercise (Month/Day/Year)   Execution Date, if any Code (Month/Day/Year)   Execution Date, if any (Month/Day/Year)   Security   Execution Date, if any (Month/Day/Year)   Execut		4. Transa Code ( 8)	Instr.	Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe of		nstr. 3			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow Fo Dir or (I)	vnership rm: ect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

## **Explanation of Responses:**

- 1. This transaction was effected pursuant to a Rule 10b5-1 trading plan.
- 2. This transaction was executed in multiple trades at prices ranging from \$62.29 to \$63.28. The price reported above reflects the weighted average sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.
- 3. This transaction was executed in multiple trades at prices ranging from \$63.30 to \$64.25. The price reported above reflects the weighted average sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.

## Remarks:

/s/ Patrick J. Christmas as 11/14/2018 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.