FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

10% Owner

below)

Other (specify

7. Nature of

Indirect Beneficial Ownership (Instr. 4)

11. Nature of Indirect Beneficial

Ownership

Footnote⁽²⁾

(Instr. 4)

5. Relationship of Reporting Person(s) to Issuer

6. Individual or Joint/Group Filing (Check Applicable Line)

9. Number of derivative Securities

Beneficially

Owned

Following Reported Transaction(s) (Instr. 4)

3,215,434

Form filed by One Reporting Person Form filed by More than One Reporting Person

6. Ownership

Form: Direct (D) or Indirect (I) (Instr. 4)

10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)

(Check all applicable)

Director

below)

5. Amount of

Reported

8. Price of Derivative Security (Instr. 5)

Beneficially Owned Following

Transaction(s)

(Instr. 3 and 4)

Officer (give title

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Table II - Derivative Securities Acquired, Disposed of, or Benefice (e.g., puts, calls, warrants, options, convertible securities Conversion or Exercise (Instr. 3) I. Title of Derivative Security Security (Instr. 3) Code V Amount (A) or (D) Table II - Derivative Securities Acquired, Disposed of, or Benefice (e.g., puts, calls, warrants, options, convertible security Transaction (e.g., puts, calls, warrants, options, convertible security Transaction Date (Execution Date (Instr. 3) Transaction Date (Instr. 3) Transaction Date (Instr. 3) Acquired (A) or (D) (Instr. 3, 4) Acquired (A) or (D) (Instr. 3, 4) And 5) Non-Non-Non-Non-Non-Non-Non-Non-Non-Non-	of Farliest Transaction (Month/Day/Year)	2. Issuer Name and Ticker or Trading Symbol Orchard Therapeutics plc [ORTX]				1. Name and Address of Reporting Person* RA CAPITAL MANAGEMENT, L.P.			
(Street) BOSTON MA 02116 Table I - Non-Derivative Securities Acquired, Disposed of, or Bene 2. Transaction Date (Month/Day/Year) 1. Title of Security (Instr. 3) Table II - Derivative Securities Acquired, Disposed of (Disposed of (Dispo					, ,	ŕ	•		
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Notice Ordinary		(A)	e V	Code					
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1. Name and Address of Reporting Person*		1	<u> </u>	<u>'</u>		Reporting Person*	nd Address of	1. Name a	
RA CAPITAL MANAGEMENT, L.P.					ENT, L.P.	IANAGEME	APITAL N	RA CA	
(Last) (First) (Middle) 200 BERKELEY STREET, 18TH FLOOR)	, ,	, ,	RKELEY S	` ′	
(Street) BOSTON MA 02116					02116	MA	N		
(City) (State) (Zip)					(Zip)	(State)		(City)	
1. Name and Address of Reporting Person* RA Capital Healthcare Fund LP									
(Last) (First) (Middle) 200 BERKELEY STREET, 18TH FLOOR)	(Middle)	(First)			
(Street) BOSTON MA 02116						` '	RKELEY S		
(City) (State) (Zip)					LOOR	REET, 18TH F		200 BEI	
1. Name and Address of Reporting Person* Kolchinsky Peter					02116	MA		200 BEI (Street) BOSTO	
(Last) (First) (Middle) C/O RA CAPITAL MANAGEMENT, L.P. 200 BERKELEY STREET, 18TH FLOOR		_			02116 (Zip)	MA (State) Reporting Person*	N nd Address of	(Street) BOSTO (City) 1. Name a	
(Street) BOSTON MA 02116					02116 (Zip) (Middle)	MA (State) Reporting Person* (First) MANAGEMEN	nd Address of nsky Pete	200 BEI (Street) BOSTO (City) 1. Name a Kolchii (Last) C/O RA	
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1. Name and Address of Reporting Person* Shah Rajeev M.		_)	O2116 (Zip) (Middle) IT, L.P. LOOR 02116	MA (State) Reporting Person* (First) MANAGEMEN REET, 18TH F.	nd Address of nsky Pete CAPITAL RKELEY S	200 BEI (Street) BOSTO (City) 1. Name a Kolchi (Last) C/O RA 200 BEI (Street) BOSTO	

(Last)	(First)	(Middle)							
C/O RA CAPITAL MANAGEMENT, L.P.									
200 BERKELEY STREET, 18TH FLOOR									
(Street)									
BOSTON	MA	02116							
(City)	(State)	(Zip)							
(City)	(State)	(Zip)							

Explanation of Responses:

1. The Non-Voting Ordinary Shares may be redesignated as Ordinary Shares of the Issuer at the election of the holder, (i) within three business days if the holder, together with its affiliates and any other persons acting as a group together, would beneficially own no more than 9.99% of the Ordinary Shares outstanding, or (ii) no earlier than 61 calendar days otherwise and have no expiration date.

2. RA Capital Management, L.P. (the "Adviser") is the investment manager for the RA Capital Healthcare Fund, L.P. (the "Fund"). The general partner of the Adviser is RA Capital Management GP, LLC (the "Adviser GP"), of which Dr. Peter Kolchinsky and Mr. Rajeev Shah are the managing members. The securities reported on this Form 4 are held directly by the Fund. The Adviser, the Adviser GP, Dr. Kolchinsky and Mr. Shah disclaim beneficial ownership of such securities, except to the extent of any pecuniary interest therein.

/s/ Peter Kolchinsky, Manager of RA Capital Management, L.P. 02/11/2021

/s/ Peter Kolchinsky, Manager of

RA Capital Healthcare GP, LLC, 02/11/2021

the General Partner of RA Capital Healthcare Fund, L.P.

<u>/s/ Peter Kolchinsky</u> <u>02/11/2021</u>

<u>/s/ Rajeev Shah</u> <u>02/11/2021</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 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.