SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104

Estimated average burden hours per 0.5 response:

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 [*] Scavo Luca	2. Date of E Requiring S (Month/Day 06/01/202	itatement /Year)	3. Issuer Name and Ticker or Trading Symbol Evelo Biosciences, Inc. [EVLO]				
(Last)(First)(Middle)C/O EVELO BIOSCIENCES, INC.620 MEMORIAL DRIVE(Street)CAMBRIDGE MA02139(City)(State)(Zip)			4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give Other (specify title below) below) CFO		wner 6. (specify (C	 5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person 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. I)			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)							
1. Title of Derivative Security (Instr. 4) Expiration Date (Month/Day/Year)		ate	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise	Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr.
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	5)

Explanation of Responses:

Remarks:

Exhibit 24 - Power of Attorney

No securities are beneficially owned.

/s/ Daniel S. Char, Attorney-in-Fact for Luca 06/03/2021 Scavo ** 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.