FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number: 3235-0								
Estimated average burden								
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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

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

Name and Address of Reporting Person* Semigran Marc				2. Issuer Name and Ticker or Trading Symbol MyoKardia Inc [MYOK]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner								
(Last)	(Fi	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/08/2019 X Officer (give title Other (specify below) below) Chief Medical Officer									specify					
333 ALLERTON AVENUE					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) SOUTH FRANCI	sco C		94080 Zip)		,								- 1	X Fo		iled by More		oorting Pers		
(- 3)				on-Deriv	vative S	Sec	urities	Δς.	quired D	isn	nsed (of or Be	neficia	IIv Ow	ner					
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				ction	Execution Date,			3. Transacti Code (Ins	on	4. Securities Acquired Disposed Of (D) (Instr. and 5)			or 5. Amount of		unt of es ially ng ed etion(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of 2. 3. Transaction Date Execution Date, or Exercise (Month/Day/Year)			4. Transact	5. Number of Code (Instr. Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title an Amount of Securities Underlyin Derivative Security (and 4)				of of og	8. Price of Derivat Securit (Instr. 5	ive y i)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisable	Exp Dat	oiration te	Title	Amount or Number of Shares							
Stock Option (Right to Buy)	\$40.11	02/08/2019			A		24,900		(1)	02/0	07/2029	Common Stock	24,900	\$0.00		24,900		D		
Restricted Stock Units	(2)	02/08/2019			A		8,500		(2)		(2)	Common Stock	8,500	\$0.00		8,500		D		

Explanation of Responses:

- 1. The shares underlying the option vest in 48 equal monthly installments from January 1, 2019, so long as the Reporting Person continues to be an employee of the Issuer through each vesting date. This option is subject to accelerated vesting upon termination without cause upon a change of control of the Issuer.
- 2. Each Restricted Stock Unit ("RSU") represents a contingent right to receive one share of Issuer's Common Stock. The shares of Common Stock underlying the RSUs vest in equal annual installments over 4 years from January 1, 2019, so that all of the underlying shares shall be vested on January 1, 2023, subject to the Reporting Person's continued employment with the Issuer through each vesting date. The RSUs are subject to accelerated vesting upon termination without cause after a change of control of the Issuer.

Remarks:

/s/ Cynthia Ladd, as Attorneyin-Fact
** Signature of Reporting Person

02/12/2019

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.