UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): August 7, 2018

SERES THERAPEUTICS, INC.
(Exact name of Registrant as Specified in Its Charter)

Delaware	**001-37465**	**27-4326290**
(State or Other Jurisdiction of Incorporation)	**(Commission File Number)**	**(IRS Employer Identification No.)**

200 Sidney Street **Cambridge, MA**	**02139**
(Address of Principal Executive Offices)	**(Zip Code)**

Registrant's Telephone Number, Including Area Code: (617) 945-9626

Not Applicable
(Former Name or Former Address, if Changed Since Last Report)

Indicate by check mark whether the registrant is an emerging growth company as defined in as defined in Rule 405 of the Securities Act of 1933 (§ 230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§ 240.12b-2 of this chapter).

Emerging growth company ☒

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☒

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instructions A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Item 7.01. Regulation FD Disclosure.

On August 7, 2018, Seres Therapeutics, Inc. (the "Company") posted an updated corporate slide presentation in the "Investors and Media" portion of its website at www.serestherapeutics.com including second quarter updates and updated cash guidance. A copy of the slide presentation is attached as Exhibit 99.1 to this Current Report on Form 8-K.

The information in Item 7.01 of this Current Report on Form 8-K, including Exhibit 99.1 attached hereto, is intended to be furnished and shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that section, nor shall it be deemed incorporated by reference in any filing under the Securities Act of 1933, as amended, or the Exchange Act, except as expressly set forth by specific reference in such filing. The Company undertakes no obligation to update, supplement or amend the materials attached hereto as Exhibit 99.1.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibit

The following exhibit relates to Item 7.01, which shall be deemed to be furnished, and not filed:

Exhibit No.	Description
99.1	Seres Therapeutics, Inc. Corporate Slide Presentation as of August 7, 2018

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

SERES THERAPEUTICS, INC.

Date: August 7, 2018

By: /s/ Thomas J. DesRosier
Name: Thomas J. DesRosier
Title: Chief Legal Officer and Executive Vice President

Exhibit 99.1

Corporate Overview

August 2018

SERES THERAPEUTICS™

Leading the Microbiome Revolution

Forward looking statements

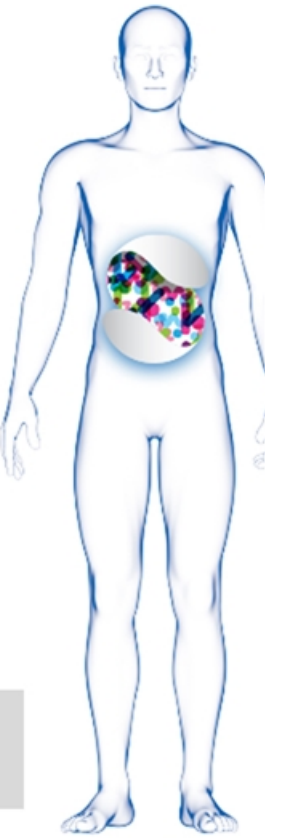
Some of the statements in this presentation constitute “forward looking statements” under the Private Securities Litigation Reform Act of 1995, including, but not limited to, our development plans, the ability of ECOSPOR III to support SER-109 approval, the promise and potential impact of any of our microbiome therapeutics or clinical trial data, timing of and plans to initiate clinical studies of SER-287 and SER-401, the timing and results of any clinical studies, and the sufficiency of cash to fund operations. Such statements are subject to important factors, risks and uncertainties (such as those discussed under the caption "Risk Factors" in the Company’s Report on Form 10-Q filed on August 2, 2018 and its other filings with the SEC) that may cause actual results to differ materially from those expressed or implied by such forward looking statements. Any forward looking statements included herein represent our views as of today only. We may update these statements, but we disclaim any obligation to do so.

Seres investor highlights

Opportunity	Phase 3 stage company developing microbiome-based therapeutics, a highly promising new area of medicine
Platform	Leader in microbiome drug development with differentiated capabilities, leading CMC and demonstrated GMP quality, and supportive clinical data
Pipeline	Focused R&D efforts in the areas of infectious diseases and inflammation & immunology, including immuno oncology
Team	Experienced, highly accomplished leadership team

The microbiome is essential to human health

- Human gastrointestinal microbiome is a vast interacting network of organisms
- Microbial ecology provides essential functions for the host:
  - Modulation of immune system
  - Colonization resistance against potential pathogens
  - Regulation of host metabolism
  - Synthesis of certain vitamins
  - Breakdown of carbohydrates



Significant opportunity for microbiome therapeutics to impact disease outcomes

Business strategy

Focused R&D on clinical programs

- Prioritize serious diseases where dysbiosis of the gut microbiome has a causal role

SER-287 for Ulcerative Colitis

***SER-109 for recurrent C. difficile* infection**

Adjunctive microbiome therapy with immuno-oncology

World class, differentiated, microbiome expertise

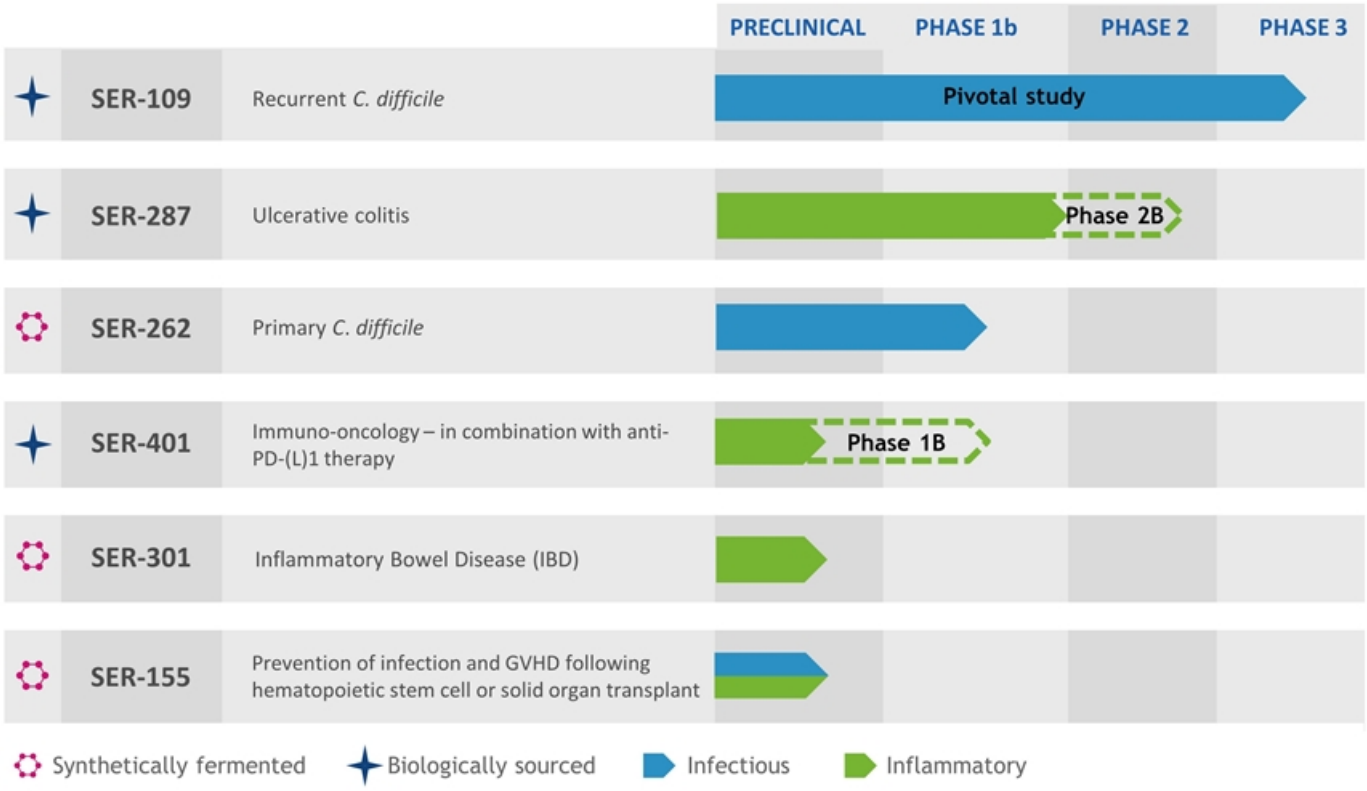
- Computational biology
- Basic microbiome research
- Microbiology
- Translational science
- Clinical development
- Advanced GMP manufacturing

Research in new therapeutic areas

- Collaborations with leading academic centers to efficiently advance research in promising new areas

MD Anderson Cancer Center · PARKER INSTITUTE for CANCER IMMUNOTHERAPY · Memorial Sloan Kettering Cancer Center · Penn · MAYO CLINIC · MASSACHUSETTS GENERAL HOSPITAL

Robust microbiome therapeutics pipeline



Research Collaborations

Memorial Sloan Kettering Cancer Center · Penn · MAYO CLINIC · MASSACHUSETTS GENERAL HOSPITAL · MD Anderson Cancer Center · PARKER INSTITUTE for CANCER IMMUNOTHERAPY

Collaboration with Nestlé Health Science regarding *C. difficile* and IBD programs for markets outside of North America

Clostridium difficile Infection

Overview and R&D Programs

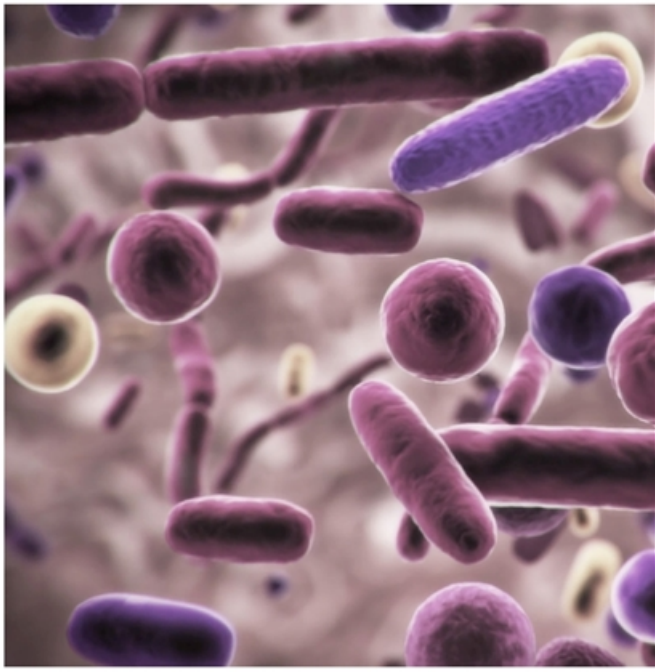
Leading the Microbiome Revolution

C. difficile infection overview

Infectious disease caused by toxin-producing anaerobic, spore-forming bacteria, resulting in diarrhea, abdominal pain, fever, and nausea

Leading cause of hospital-acquired infection in the US

- Approximately 29,000 deaths/year
- ~25% of patients with primary *C. difficile* recur
- Risk of relapse increases with each recurrence
- Multiply recurrent *C. difficile* infection incidence increased 188% between 2001-2010



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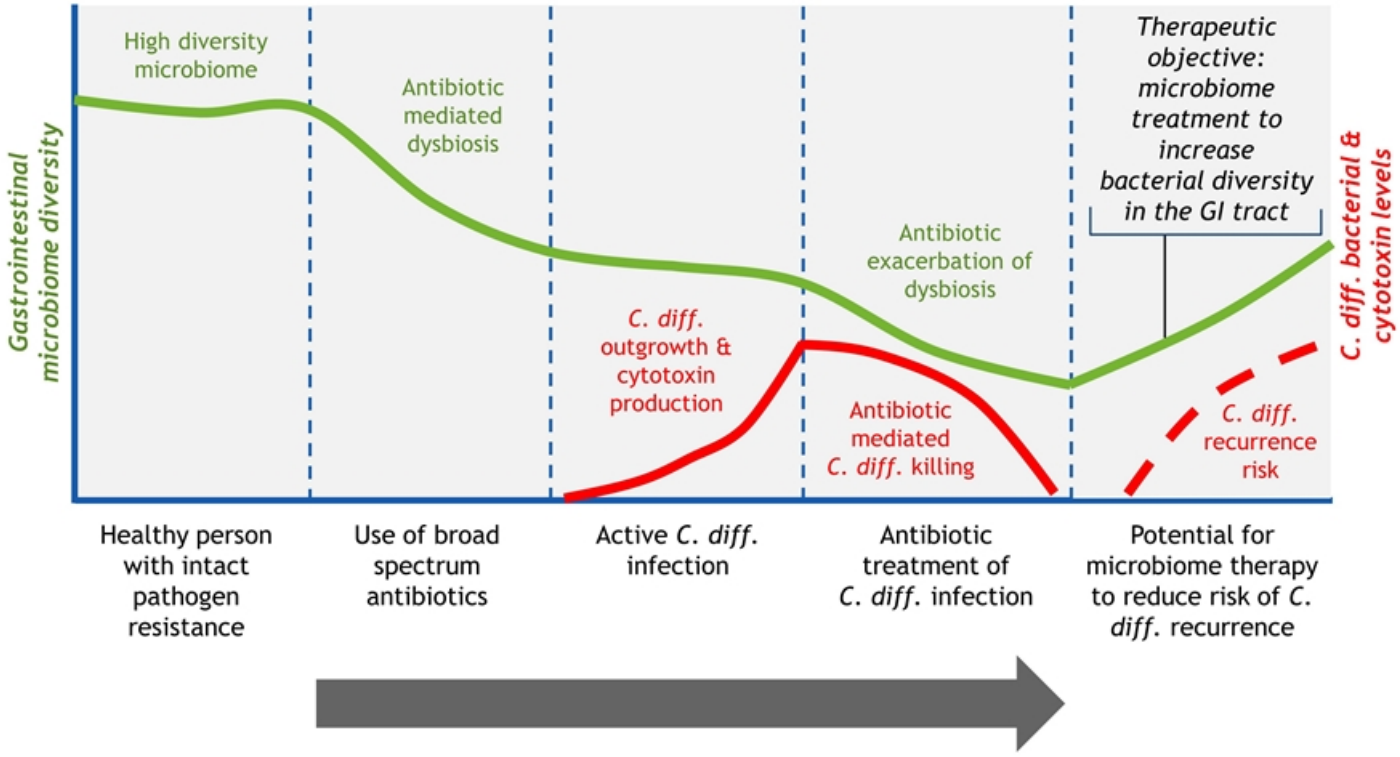
Sources: Leffler and Lamont, New England Journal of Medicine, 2015; Ma et al. Annals of Internal Medicine, 2017.

Microbiome therapeutic intervention – Race to Repair
Hypothetical patient course



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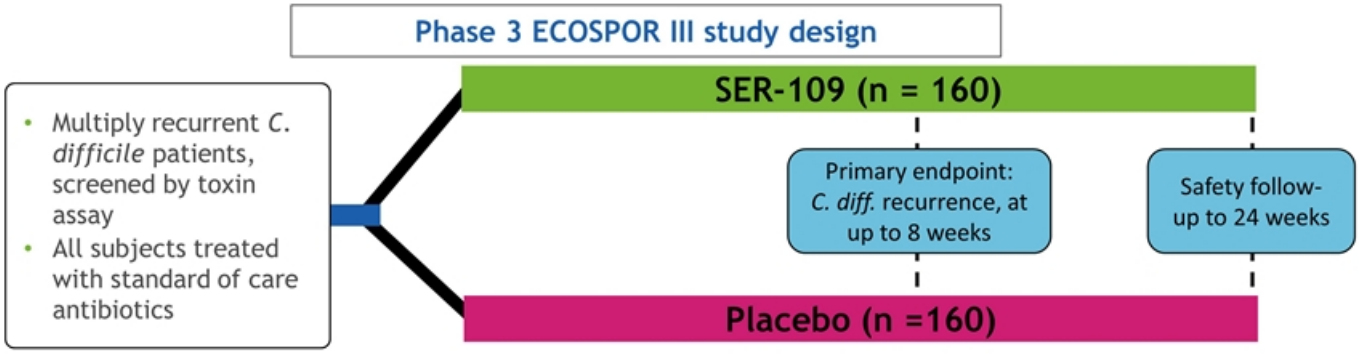
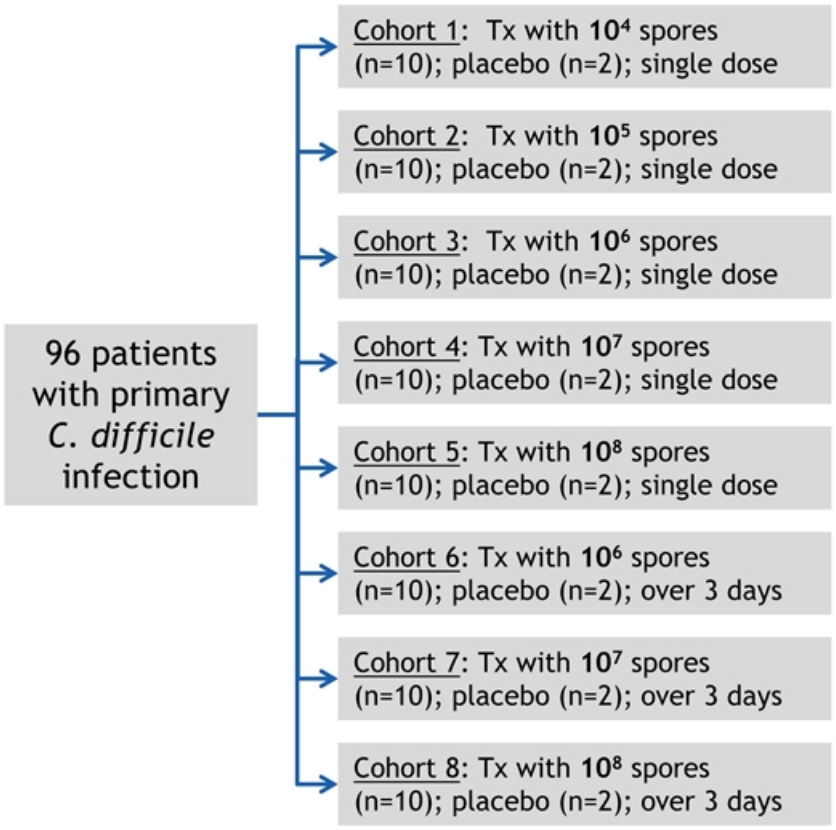
Phase 3 SER-109 ECOSPOR III study – enrollment progress ongoing

- FDA Breakthrough and Orphan Drug designation
- Based on FDA feedback, ECOSPOR III designated as a Phase 3 study
- Phase 3 study incorporates key learnings from prior clinical studies:
  - SER-109 dose is approximately 10-fold higher than dose used in Phase 2 study
  - *C. difficile* toxin assay to be used at study entry and for primary endpoint



SER-262 Phase 1b dosing study in patients with primary C. difficile infection



Primary Objective

Safety and tolerability at 24 weeks

Relative risk of *C. difficile* recurrence compared to placebo at up to 8 weeks

Secondary Objectives

Microbiome engraftment

Time to *C. difficile* recurrence

Relative risk of recurrence at up to 4, 12, and 24 weeks after treatment

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Summary of SER-262 Phase 1b preliminary study results

- Preliminary clinical results available from eight patient cohorts, full microbiome date are pending
- No drug related serious adverse events observed
- No relative differences observed in the risk of relative recurrence rates in SER-262 as compared to placebo; study not powered to detect statistically significant difference in recurrence rates
- Low *C. diff.* recurrence rate observed in patients treated with vancomycin & SER-262, compared to those treated with metronidazole & SER-262, 6% versus 27%, respectively (p value = 0.0213). Prior randomized Phase 3 studies with vancomycin demonstrate a recurrence rate of ~25%
- Data suggest vancomycin pre-treatment, followed by SER-262, results in more robust and rapid engraftment compared to metronidazole, and thus may lead to corresponding clinical efficacy
- First ever demonstration of engraftment of a rationally-designed microbiome drug candidate
    - Detected a majority of SER-262 strains in patients receiving SER-262; detection of strains was variable across subjects. Of note not all bacterial species engraft with biologically sourced microbiome drug candidates or with FMT.
    - In patients where SER-262 engraftment occurred, global microbiome changes were observed

SER-287 and Ulcerative Colitis

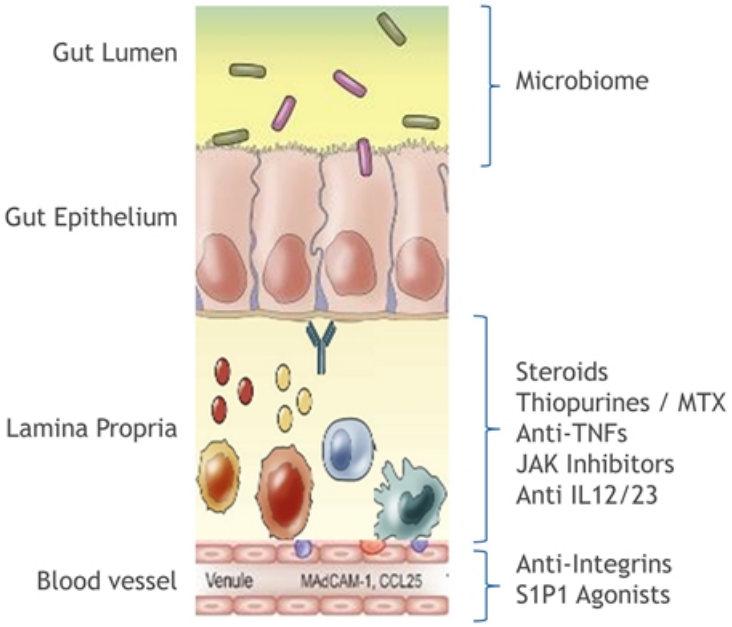
Leading the Microbiome Revolution

Inflammatory Bowel Disease (IBD) opportunity for new mechanistic approaches

Significant need for improved therapies

- Large US population: ~700K ulcerative colitis, ~700K Crohn's
- Fewer than ~1/3 of patients achieve remission with current therapies
- Many therapies are immunosuppressive, limiting widespread use

Modulation of the microbiome is an attractive therapeutic target for Ulcerative Colitis



- May address drivers of inflammation, barrier integrity, innate immune activation, and adaptive immune education and cell trafficking
- Effector molecules may include short chain fatty acids, secondary bile acids, tryptophan metabolites, and TLR ligands
- **Potentially synergistic effect with other UC products**

Microbiota transplantation provides clinical proof of concept

THE LANCET

Multidonor intensive faecal microbiota transplantation for active ulcerative colitis: a randomised placebo-controlled trial

Sudarshan Paramsothy, Michael A Kamm, Nadeem O Kaakoush, Alissa J Walsh, Johan van den Bogaerde, Douglas Samuel, Rupert W L Leong, Susan Connor, Watson Ng, Ramesh Paramsothy, Wei Xuan, Enmoore Lin, Hazel M Mitchell, Thomas J Borody

	Faecal microbiota transplantation (n=41)	Placebo (n=40)	Risk ratio (95% CI)	p value
Primary outcome				
Steroid-free clinical remission and endoscopic remission or response*	11 (27%)	3 (8%)	3·6 (1·1–11·9)	0·021

Selected references: Paramsothy *et al*. Lancet, 2017; Moayyedi *et al*. Gastroenterology, 2015;
Review article: Costello et al. Alimentary Pharmacology & Therapeutics, 2017.

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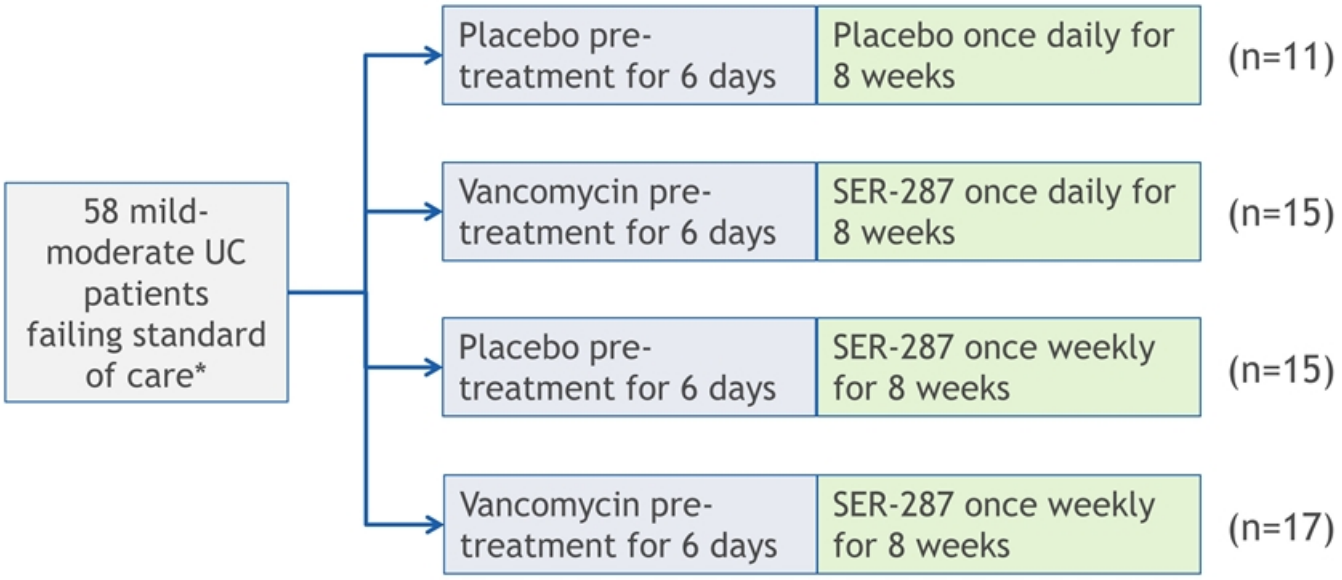
SER-287 Phase 1b Ulcerative Colitis study



* Study designed to enroll 55 patients, with 15 in SER-287 treatment arms and 10 in the placebo / placebo arm

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SER-287 Phase 1b study endpoints

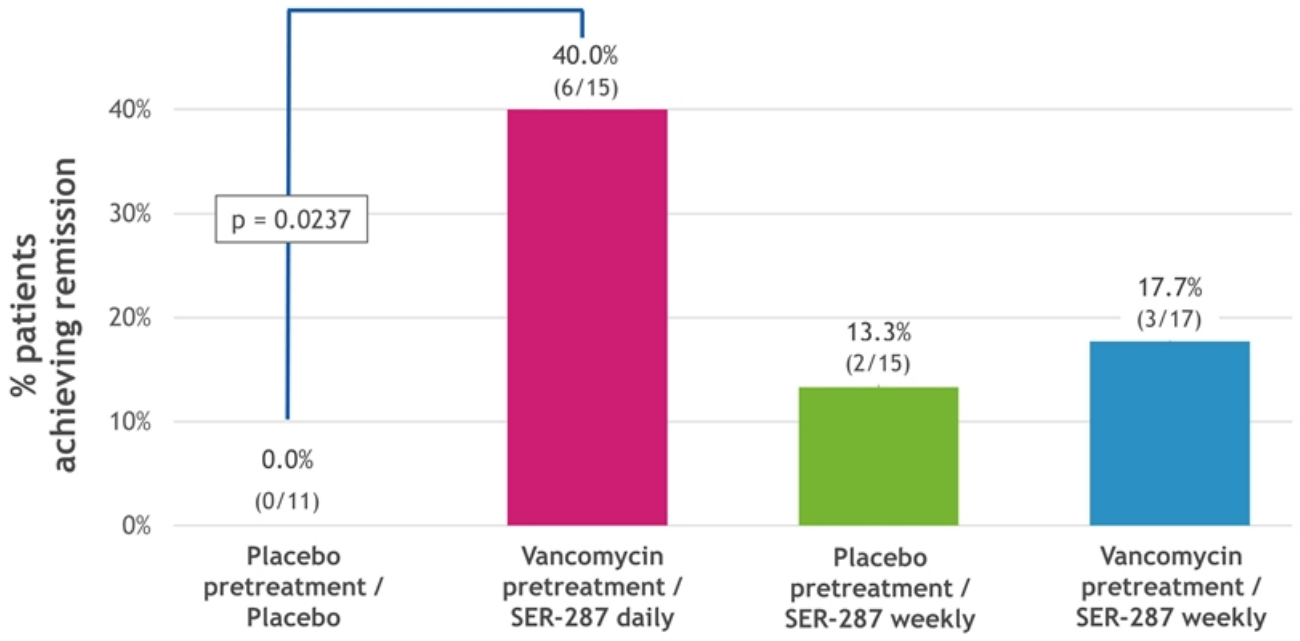
Primary Objectives

- Safety and tolerability
- Change in composition of intestinal microbiome at 8 weeks

Secondary Objectives

- Remission, endoscopic improvement, and response through measure of the total modified Mayo Score
- Change in serum and fecal biomarkers
- Pathologic changes in mucosal biopsies (i.e., histology)

Significant and dose dependent impact on remission



Remission = Total Modified Mayo score ≤ 2 AND endoscopic subscore ≤ 1
Note: Missing data treated as failure

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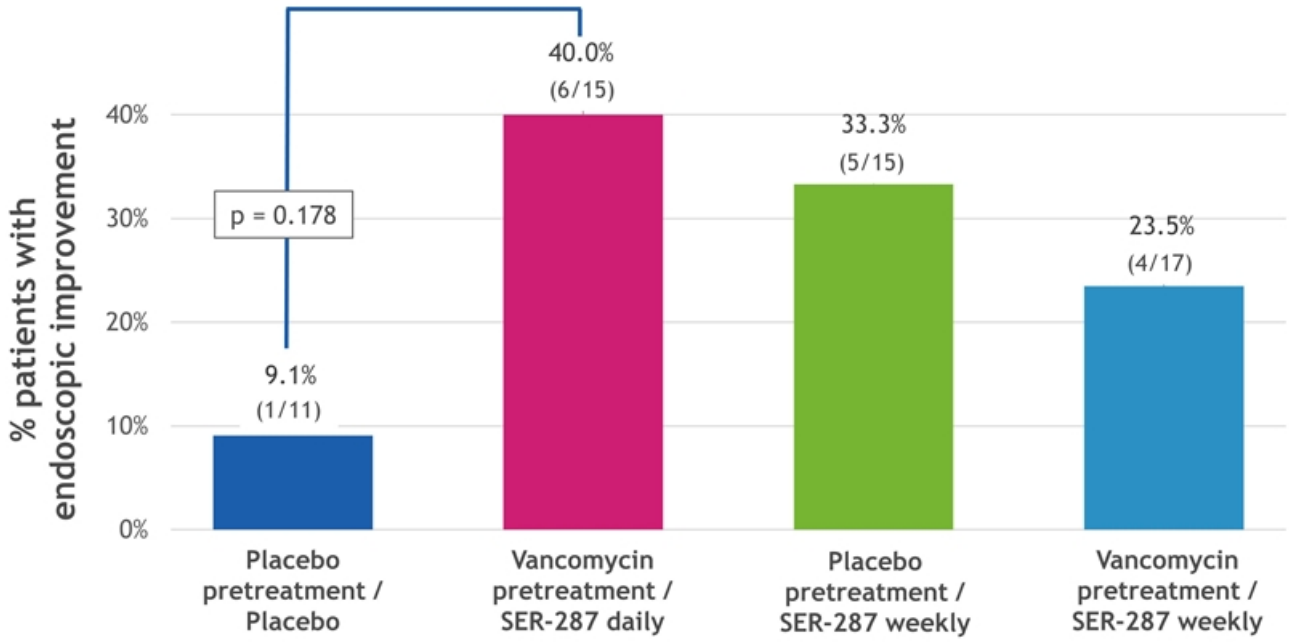
Dose dependent impact on endoscopic improvement



Endoscopic Improvement: Decrease in endoscopic subscore ≥ 1
Note: Endoscopy readings were centrally read by blinded readers, missing data treated as failure

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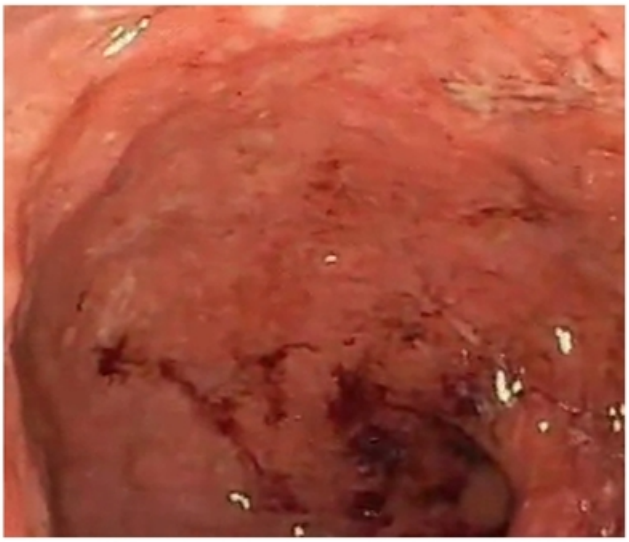
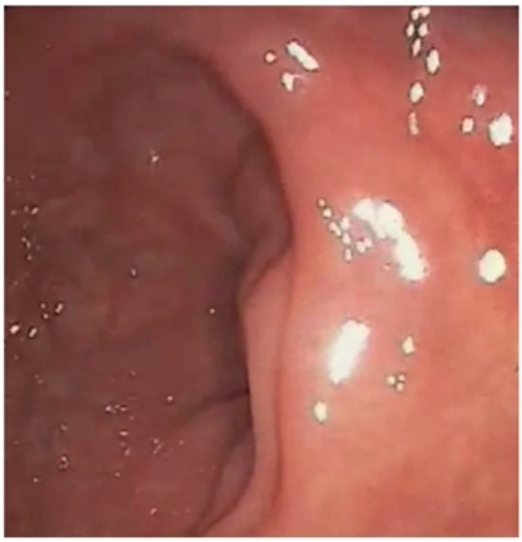
Illustrative endoscopy improvement — SER-287 daily treatment

Pre-treatment endoscopy showing the sigmoid colon with spontaneous bleeding and ulceration



Post-treatment day 64 endoscopy



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Favorable SER-287 Phase 1b safety profile

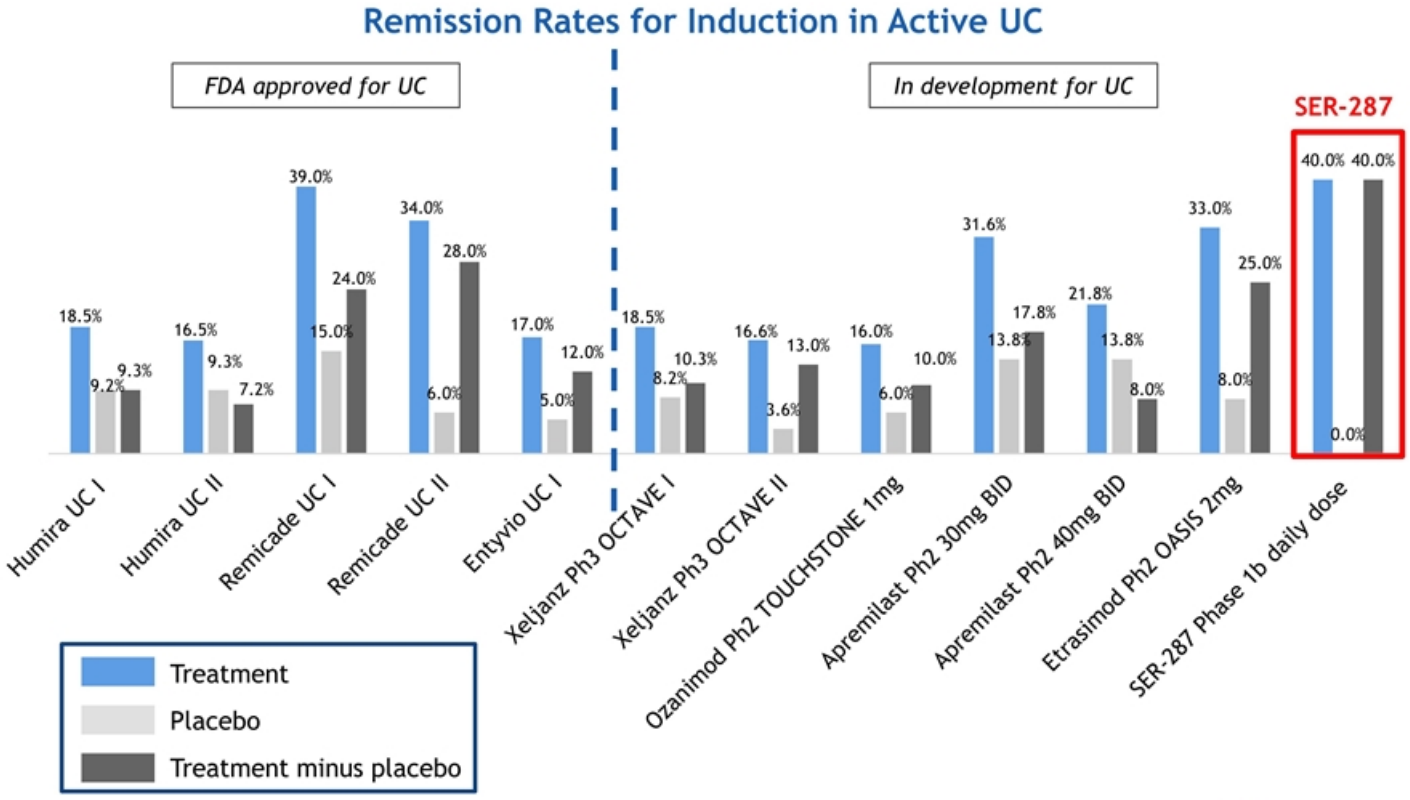
- SER-287 daily arm demonstrated a similar safety profile to placebo
- No serious drug-related adverse events
- No subject discontinuations in the SER-287 daily treatment arm
- Reduced gastrointestinal adverse events provide an independent assessment of efficacy with decreased disease activity
  - SER-287 daily arm GI AEs: 2/15 (13.3%) vs. placebo arm: 5/11 (45.5%)

Analyses of post SER-287 treatment impact on disease activity

SER-287 Phase 1b patients were followed for up to 26 weeks post treatment:

- Of the 11 patients treated with SER-287 who achieved clinical remission, no patients experienced a disease flare in the 26 weeks following the end of treatment (0/11)

Favorable SER-287 efficacy relative to selected approved and development stage UC drugs



Adapted from Leerink Nov. 27 2017 report: Future of IBD: Category should double by 2023 despite GED-0301 disappointment; Note that study-to-study differences limit the ability to directly compare results.

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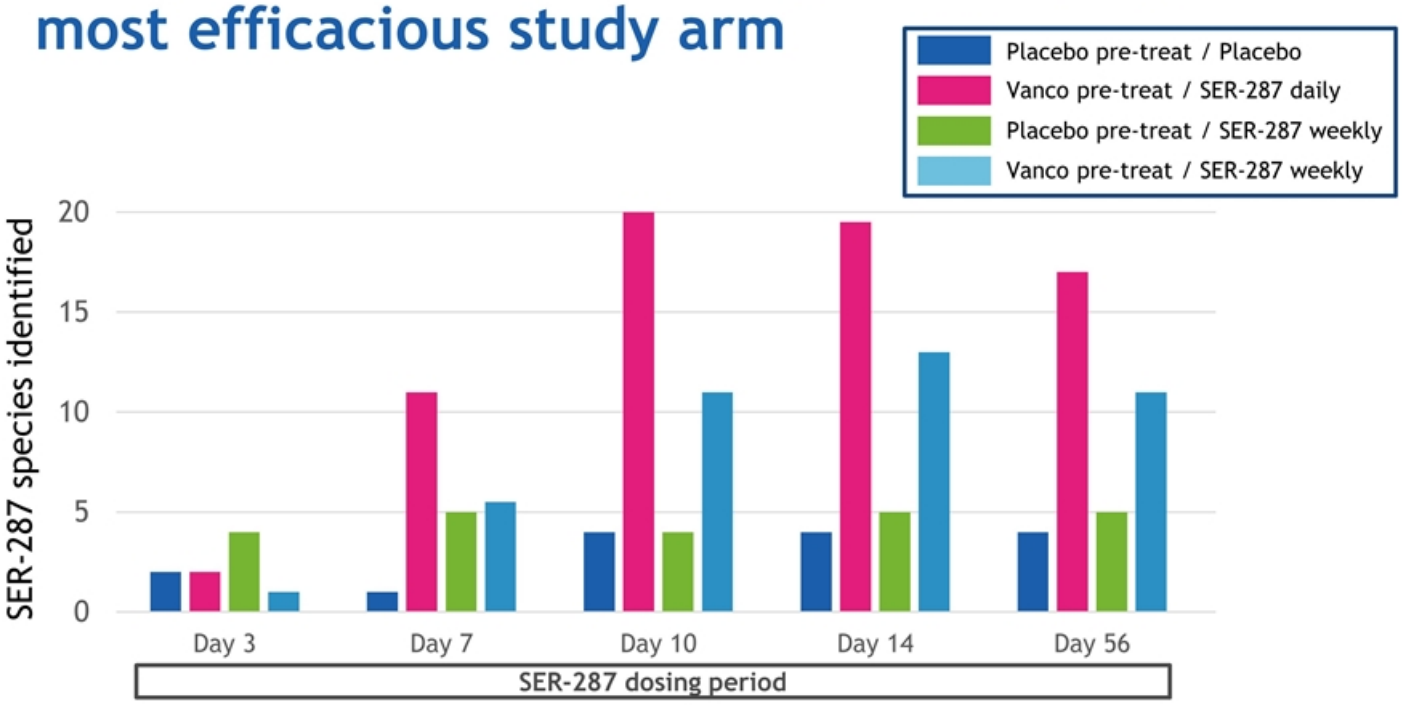
Robust SER-287 species engraftment; highest in most efficacious study arm



- Statistically significant engraftment in vanco pre-treat / SER-287 daily arm, versus placebo pre-treat / placebo arm, beginning at day 7 and maintained throughout the dosing period
- Statistically significant and dose-dependent engraftment in study arms with vanco pre-treatment / SER-287 versus placebo pre-treat arms
- Data supportive of vancomycin opening ecological niches for SER-287 engraftment

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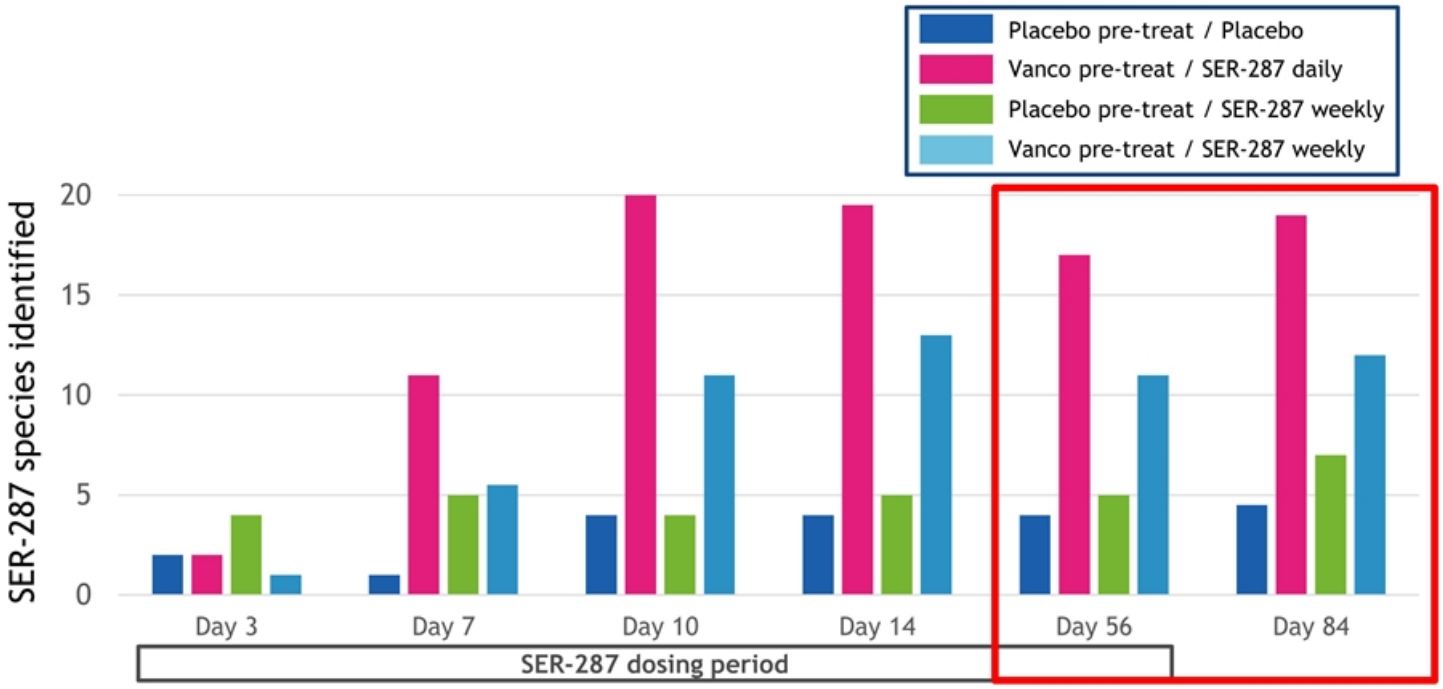
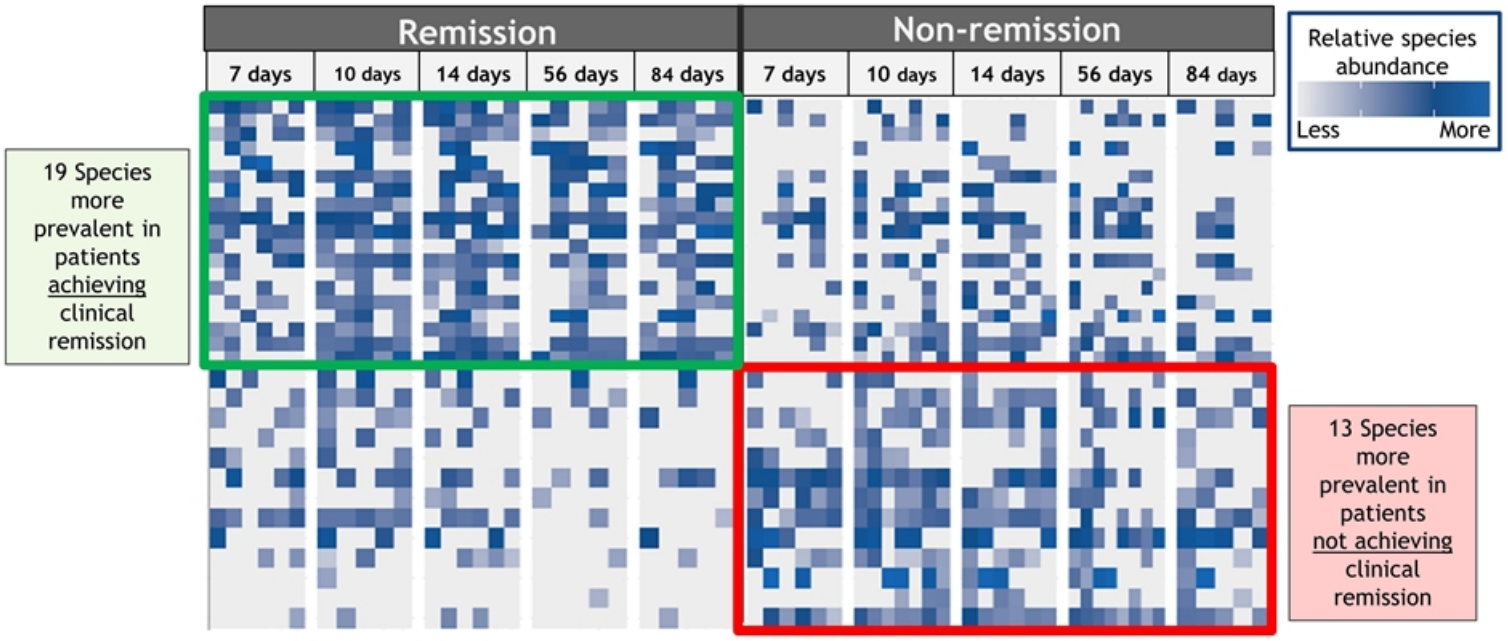
Durable SER-287 engraftment following dosing



- Statistically significant engraftment maintained through at least 4 weeks following SER-287 dosing

Identified bacterial species signature that associates with clinical remission vs non-remission



- Predictive species include both SER-287 bacteria and others augmented by treatment
- Functional characterization of signature species is informing drug mechanism of action

Relative abundance heatmap depiction of bacterial species prevalence from vanco/SER-287 daily study arm patients. Each row represents a single bacterial species and each column represents a single patient at a given timepoint. Shading of each square illustrates the relative abundance of each species.

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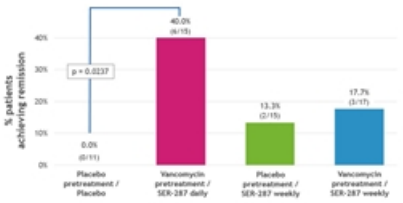
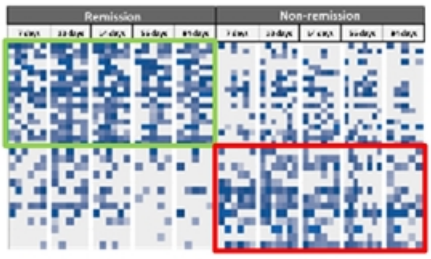
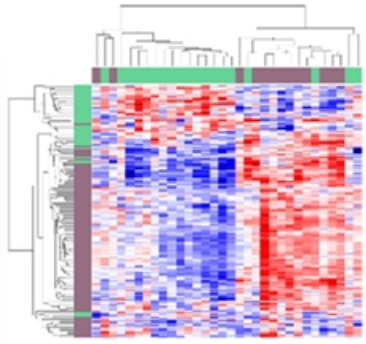
SER-287 Phase 1b data demonstrate clinical effect and provide supportive molecular mechanistic data







CLINCAL OUTCOME

Dose dependent clinical remission

SPECIES SIGNATURES

Engraftment (PK) associated with clinical remission

METABOLITES & PATHWAYS

Metabolites and functional pathways (PD) associated with remission and microbiome change

Additional data presented at May 24, 2018 Seres microbiome R&D event

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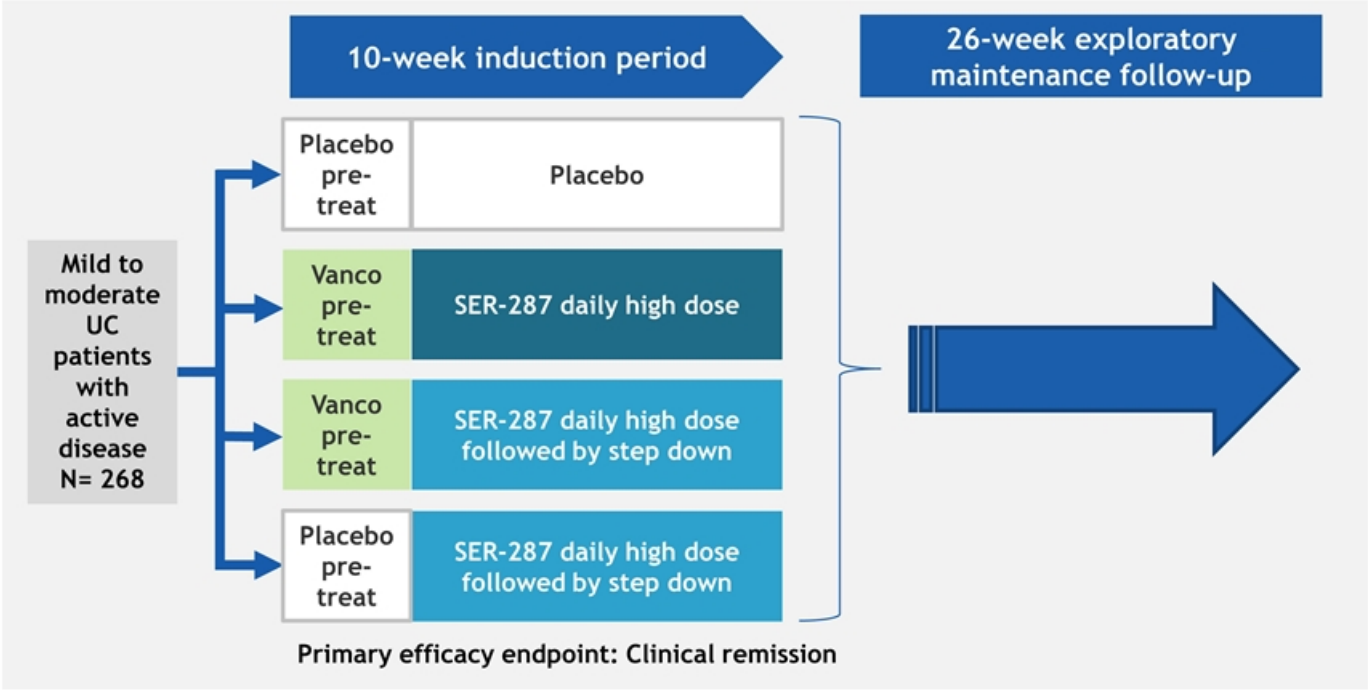
Planned SER-287 Phase 2b study design

- Study to further evaluate induction dosing and longer term maintenance efficacy
- Design expected to support potential FDA registrational data package and with compelling data may be considered a pivotal trial
- Expect to initiate study in the coming months



Six day pretreatment period with either placebo or oral vancomycin
Step down = two weeks of SER-287 daily high dose, followed by lower dose

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SER-301: Synthetic fermented Ecobiotic® therapeutic candidate for inflammatory bowel disease

- Oral, mechanistically designed follow-on to SER-287
- Selection of SER-301 bacterial composition based on:
  - SER-287 study data (clinical and microbiome analysis)
  - Preclinical activity of microbiome compositions
- Rationally designed composition has shown activity in mouse model

SER-401 and Immuno-oncology

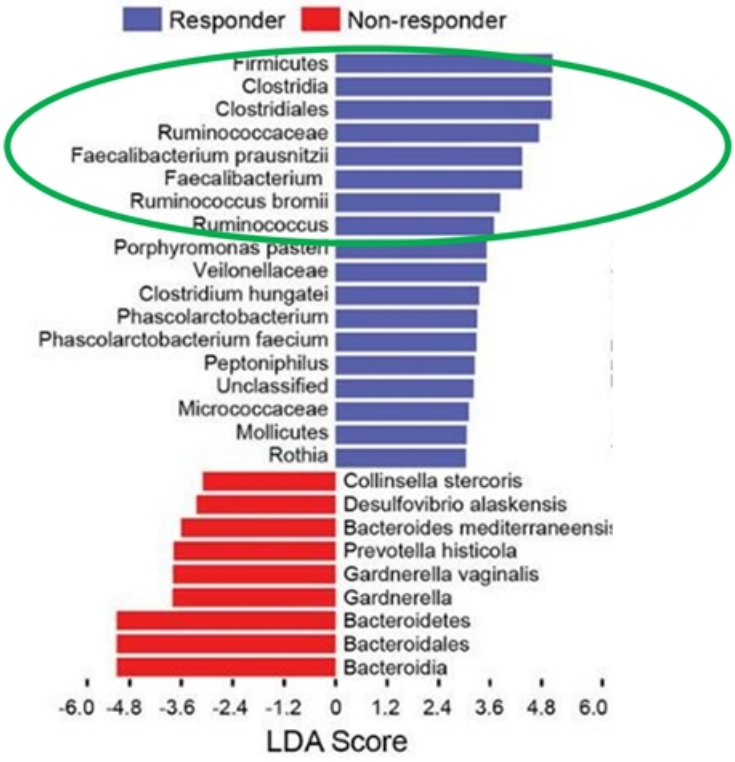
Leading the Microbiome Revolution

Collaboration to advance microbiome therapeutic into immuno-oncology

- Objective: Modulate the microbiome to increase the response of check-point inhibitor therapy
- Seres option to license foundational intellectual property from MD Anderson related to the use of bacteria in combination with checkpoint inhibitors
- Planned clinical study start in 2018

MD Anderson collaborators have identified a microbiome signature in melanoma patients who respond to anti-PD-1

- Signature driven by bacteria in the class Clostridia, family *Ruminococcaceae*, including *Ruminoccocus* and *Faecalibacterium*
- All spore formers that leverage deep Seres expertise in the biology and manufacturing of these organisms



Gopalakrishnan et al, Science 2017

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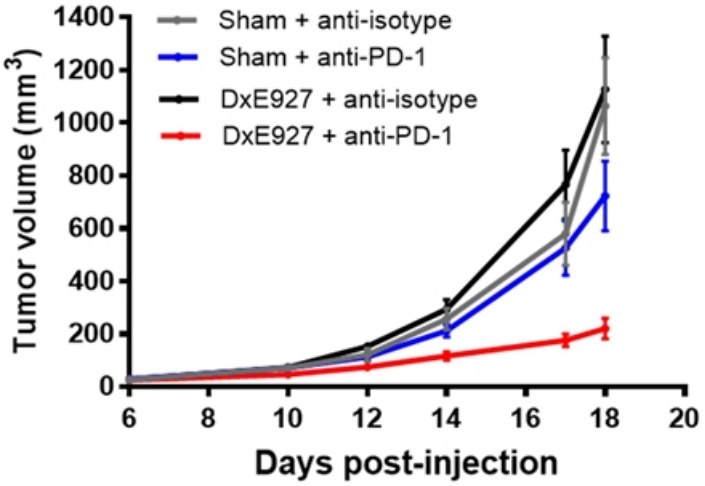
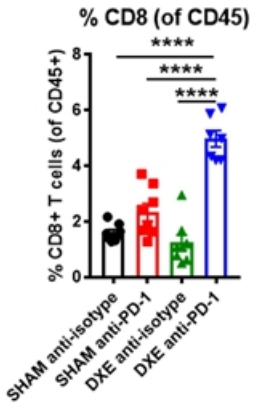
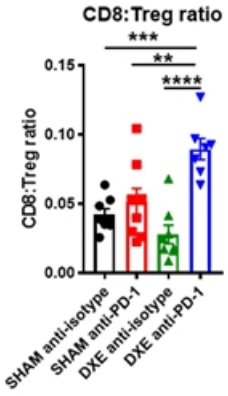
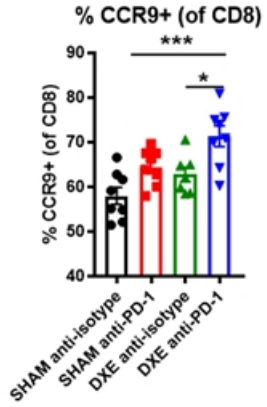
Treatment of mice with the microbiome signature composition restores anti-PD-1 efficacy after antibiotics









Note: Not all donor-derived bacterial spore compositions result in restoration of anti-PD-1 efficacy

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Planned SER-401 Phase 1b study

Patients with metastatic cancer (melanoma) going onto immune checkpoint blockade (anti-PD-1)

Arm A
Microbiota transfer from anti-PD-1 complete responders (n=20)

Arm B
SER-401 (n=20)

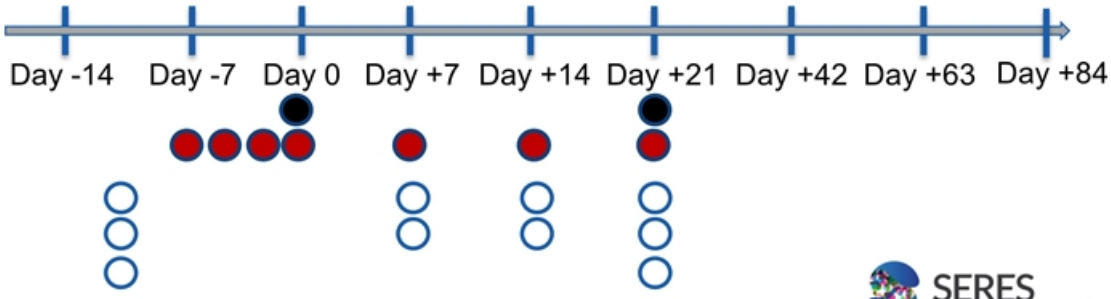
Arm C
Placebo (n=20)

Study objectives

All patients = CT scans with RECIST week 12

Primary endpoint = safety and tolerability

Secondary endpoints = engraftment, response and correlative studies (immune correlates in blood and tumor, metabolites)



Treatment: **anti-PD-1: Pbo/401/FM**

Biospecimens: **Blood, Stool, Biopsy**

SERES THERAPEUTICS

Broad IP portfolio and regulatory exclusivity

9 ISSUED US PATENTS + LICENSED IP*

- Demonstrates rationally designed ecologies of spores and microbes are patentable
- Composition of matter and method claims, including option to license foundational IP from MD Anderson related to the use of bacteria in combination with checkpoint inhibitors
- Claims related to SER-109/ *C. difficile* & colitis lead candidates through **2033**

SERES PATENT PORTFOLIO

16 Families of Applications

11 Nationalized

5 Pending Provisionals

REGULATORY EXCLUSIVITY

12 years for new biological composition

10 years for new drug

* Includes additional IP rights including 1) a worldwide exclusive license to Memorial Sloan Kettering Cancer Center patent applications related to the use of bacterial compositions for treating HSCT patients and related areas, 2) exclusive option to license intellectual property rights from MD Anderson related to the use of bacteria in combination with checkpoint inhibitors.

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Upcoming Milestones

SER-109: Multiply recurrent *C. difficile* infection – Phase 3 ongoing

SER-287: Ulcerative colitis – Initiate Phase 2b study in the coming months

Immuno-oncology clinical study start later this year

Focused R&D efforts to efficiently advance highest priority pipeline programs toward meaningful value inflection points

Resources to operate into the second quarter 2019*

Balance Sheet	As of June 30, 2018
Cash, cash equivalents and investments	$96.1 M

*Cash operating guidance provided August 2, 2018
Runway guidance does not include $20.0 M milestone expected with the start of the SER-287 Phase 2b study