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

1. Name and Address of Reporting Person
   Carmona Jose
   C/O RUBIUS THERAPEUTICS, INC.
   399 BINNEY ST., SUITE 300
   CAMBRIDGE MA 02139

2. Issuer Name and Ticker or Trading Symbol
   Rubius Therapeutics, Inc. [ RUBY ]

3. Date of Earliest Transaction (Month/Day/Year)
   11/30/2020

4. If Amendment, Date of Original Filed
   

5. Relationship of Reporting Person(s) to Issuer
   (Check all applicable)
   Director X
   10% Owner
   Officer (give title below)
   Chief Financial Officer
   Other (specify below)

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 Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3) Stock Option (Right to Buy)
   2. Transaction Date (Month/Day/Year) 11/30/2020
   3A. Deemed Execution Date, if any (Month/Day/Year) 11/29/2030
   4. Transaction Code (Instr. 8) A
   5. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) 400,000
   6. Amount of Securities Beneficially Owned Following Reported Transaction(s) 400,000
   7. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) D
   8. Nature of Indirect Beneficial Ownership (Instr. 4) V

   Code V Amount (A) or (D) Price

   Stock Option (Right to Buy) $6.27 400,000

   Explanation of Responses:
   1. 25% of this option shall vest on October 1, 2021, then in 12 equal quarterly installments thereafter.

   /s/ Joanne M. Protano, Attorney-in-Fact 12/02/2020
   ** 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).
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.