FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

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1. Name ar Sinsker	2. Issuer Name and Ticker or Trading Symbol YIELD10 BIOSCIENCE, INC. [YTEN]								(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
Omone,	<u>y 111111011</u>	<u>, </u>												C Direct	ctor		10% Ov	vner	
(Last)	ast) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 06/30/2023									Offic belov	er (give title w)		Other (s below)	specify
C/O YIE	LD10 BIO	4 If Ar	4. If Amandment, Date of Original Filed (Month/Day/Mass)								6 Ir	6. Individual or Joint/Group Filing (Check Applicable							
19 PRESIDENTIAL WAY, SUITE 201						If Amendment, Date of Original Filed (Month/Day/Year)							Line	Line)					
,		1										X Form filed by One Reporting Person							
(Street)	reet) /OBURN MA 01801													Form filed by More than One Reporting Person					
					Rule	Rule 10b5-1(c) Transaction Indication													
(City)	(City) (State) (Zip)					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	I - No	n-Deriva	tive S	ecui	rities	Acq	uired,	Disp	osed of	, or	Ben	eficia	lly Owi	ned			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day)					Execution Date			Date,	3. Transac Code (Ir 8)		4. Securities Acquired (Disposed Of (D) (Instr. 3 and 5)				5. Amo Securi Benefi Owned	icially d	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(/	A) or D)	Price		ted action(s) 3 and 4)			
Common	2023				A		1,759(1))	Α	\$0	1	15,483		D					
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
			,	(e.g., pu	ts, cai	ıs, v	varra	ants,	option	s, c	onvertib	ie s	ecur	ities)					
1. Title of Derivative Security (Instr. 3)	tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		Secu Acqu (A) o Disp of (D	vative irities iired ir osed) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		f [. Price of berivative ecurity Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y G	10. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date Title Amou		nber						

Explanation of Responses:

1. Shares were issued to the Reporting Person pursuant to the Issuer's Director Compensation Policy in lieu of \$3,906 of cash compensation for services rendered to the Issuer as a member of its Board of Directors and/or a committee thereof during the second quarter of 2023.

Remarks:

/s/ Charles B. Haaser, attorney-in-Fact 07/05/2023

** 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.