FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OWNERSHIP

| Wachington | D C | 20540 |
|-------------|------|-------|
| Washington, | D.C. | 20549 |

| NNUAL STATEMENT | OF CHANGES IN | BENEFICIAL |
|-----------------|----------------------|-------------------|

| OMB APPE | ROVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0362 | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 1.0 | | | | | | |

Form 3 Holdings Reported.

Instruction 1(b)

| Form 4 | Transactions R | eported. | File | ed pursuant to or Sectior | | | | | ities Excha ompany Ac | | | | | | | | | |
|--|---|---|---|---|--|--|--|---|---|---|---|--|---|---|-------------------|--|---|--|
| Name and Address of Reporting Person* Peoples Oliver P | | | | 2. Issuer Name and Ticker or Trading Symbol YIELD10 BIOSCIENCE, INC. [YTEN] | | | | | | 5. Relationship of Report (Check all applicable) X Director | | | Ü | 10% | Owner | | | |
| (Last) (First) (Middle) C/O YIELD10 BIOSCIENCE, INC. 19 PRESIDENTIAL WAY | | | | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2018 | | | | | | Year) | X Officer (give title Other (specify below) Pres & CEO | | | | | | |
| (Street) WOBUR (City) | N M | | 11801 Zip) | 4. If Amen | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | . Indivine) | , | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| Date (Month/Day/Year) | | 2A. Deemed 3. Execution Date, if any Code (Instr. (Month/Day/Year) 8) | | | | | | or Disposed | 5. Amount of Securities Beneficially Owned at end of | | es ally | 6. Ownership Form: Direct (D) or | | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | (Month Day/Teal) | | , 3, | | Amour | it | (A) or (D) | r Price | | Issuer's Fiscal Ind | | Indire (Instr | ect (I) | (Instr. 4) | | |
| Common | Stock | | 04/01/2018 | | F5 | | F5 1,014 ⁽¹⁾ D \$1.95 28,538 ⁽²⁾ D | | | | 5 28 | | | | | | | |
| Common | Stock | | | | | | | | | | | 12,463 ⁽³⁾ I By 401 Plan | | | By 401(k) Plan | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | of Deriv Secu Acqu (A) o Disp of (D (Instr and ! | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration Date (Month/Day/Year) Date Expiration | | Amor Secu Unde Deriv Secu and 4 | rities rlying ative rity (Instr. 3 | Derivative Security (Instr. 5) Benefici Owned Followir Reporte Transac | | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownershi Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership t (Instr. 4) | |

Explanation of Responses:

- $1. \ Represents \ shares \ withheld \ in \ payment \ of \ withholding \ taxes \ upon \ vesting \ of \ RSUs \ granted \ 4/1/15.$
- 2. Includes 2,625 restricted stock units.
- 3. Shares acquired as Company matching contributions under the Yield10 Bioscience, Inc. 401(k) Plan.

/s/ Megan N. Gates, attorney-

04/03/2019

in-fact

** 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.