FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APP	ROVAL				
OMB Number: 3235-010					
Estimated average burden					
hours per response:	0.5				

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* Christmas Patrick J.		Requiring Statement Month/Day/Year) REGENXBIO Inc. [RGNX]						
(Last) (First) (Middle) C/O REGENXBIO INC.			Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)		
9712 MEDICAL CENTER DRIVE, SUITE 100			X Officer (give title below) Senior VP, General	Other (spe below) al Counsel	´ 6	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person		
(Street) ROCKVILLE MD 20850							y More than One	
(City) (State) (Zip)								
	Table I - Non	-Derivativ	ve Securities Beneficia	lly Owned				
1. Title of Security (Instr. 4)	Table I - Non	2.	ve Securities Beneficia Amount of Securities eneficially Owned (Instr. 4)	3. Ownersh Form: Dire or Indirect (Instr. 5)	cṫ (D) (In	Nature of Indirect str. 5)	Beneficial Ownership	
	Table II - D	2. Be	Amount of Securities	3. Ownersh Form: Dire or Indirect (Instr. 5)	ct (D) (In		Beneficial Ownership	
	Table II - D	2. Be Derivative Is, warran cisable and	Amount of Securities eneficially Owned (Instr. 4) Securities Beneficially	3. Ownersh Form: Dire or Indirect (Instr. 5) Owned e securitie	ct (D) (In	5. Ownership	6. Nature of Indirect Beneficial Ownership (Instr. 5)	

Explanation of Responses:

Remarks:

No securities are beneficially owned.

/s/ Patrick J. Christmas 08/22/2016

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{*} If the form is filed by more than one reporting person, see Instruction 5 (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).