INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Expires:

response...

Estimated average burden hours per

2005

0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> Agarwal Shefali	2. Date of Event Requiring Statement (Month/Day/Year)	³ 3. Issuer Name and Ticker or Trading Symbol Epizyme, Inc. [EPZM]				
(Last) (First) (Middle) C/O EPIZYME, INC., 400	07/23/2018	4. Relationship of Reporting Person(s) to Issuer5. If Amendment, Date Original Filed(Month/Day/Year)				
TECHNOLOGY SQUARE		(Check all applicable)				
(Street) CAMBRIDGE, MA 02139		Director10% Owner X_OfficerOther 6. Individual or Joint/Group (give title below) (specify below) Chief Medical Officer 24. Form filed by One Reporting PersonForm filed by More than One Reporting Person				
(City) (State) (Zip)	Table I - N	Non-Derivative Securities Beneficially Owned				
1.Title of Security (Instr. 4)	2. Amount o Beneficially (Instr. 4)	f Securities 3. 4. Nature of Indirect Beneficial				
information conta	ch class of securities benefic pond to the collection of ained in this form are not and unless the form displ	SEC 1475 (7-02)				
currently valid O	MB control number.	.g., puts, calls, warrants, options, convertible securities)				

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security		4. Conversion or Exercise	5. Ownership Form of	of (Instr. 5)
			(Instr. 4)		Price of Derivative	Derivative Security:	
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I)	

(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships						
FB	Director	10% Owner	Officer	Other			
Agarwal Shefali C/O EPIZYME, INC. 400 TECHNOLOGY SQUARE CAMBRIDGE, MA 02139	Â	Â	Chief Medical Officer	Â			
Signatures							
/s/ Adriana Sullivan, attorney-in-fact	07/24/2	2018					
**Signature of Reporting Person	Dat	e					
Evaluation of Decauses							

Explanation of Responses:

No securities are beneficially owned

* 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).

Â

Remarks:

No securities beneficially owned.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.