FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB Number:

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

OMB APPROVAL

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule

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

10b5-1(c). See Instr	ruction 10.								
1. Name and Address Boston Megan	of Reporting Person*		2. Issuer Name and Ticker or Trading Symbol Benitec Biopharma Inc. [BNTC]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
			3. Date of Earliest Transaction (Month/Day/Year)	x	Director	10% Owner			
(Last)	(First)	(Middle)	08/11/2023		Officer (give title below)	Other (specify below)			
C/O BENITEC BI	IOPHARMA INC.				Executive I	Director			
3940 TRUST WAY			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)				X	Form filed by One Rep Form filed by More tha	orting Person n One Reporting Person			
HAYWARD	CA	94545				······································			
(City)	(State)	(Zip)							

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	 Transaction(s) (Instr. 3 and 4) 		(Instr. 4)
Common Stock	08/11/2023		Р		25,907(1)	A	(1)	25,907	D	
Common Stock								20 ⁽²⁾	Ι	By Boston Super Invest Pty A/C Boston Family Super

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. Transac Code (In 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		and 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative	Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Common Warrants (right to buy)	\$3.86	08/11/2023		Р		25,907 ⁽¹⁾		08/11/2023	08/11/2028	Common Stock	25,907	(1)	25,907	D	

Explanation of Responses:

1. Represents shares of common stock, par value \$0.0001 per share (the "Common Stock") purchased together with common warrants to purchase shares of Common Stock in the Issuer's registered underwritten offering on August 11, 2023 for a purchase price of \$1.93.

2. The reported number of shares has been adjusted to reflect the impact of the Issuer's 17-for-1 reverse stock split completed on July 26, 2023.

Remarks:

s/	Me	gan	Boston	

** Signature of Reporting Person

08/14/2023 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.