FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## OMB APPROVAL OMB Number: 32350104 Estimated average burden hours per response: 0.5

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 Persor     Chopra Atul	2. Date of E Requiring S (Month/Day 09/28/202	statement r/Year)	3. Issuer Name <b>and</b> Ticker or Trading Symbol Aceragen, Inc. [ ACGN ]					
(Last) (First) (Middle) 4002 WHITE OAK TRAIL			Relationship of Reporting Person(s) to Issuer (Check all applicable)			5. If Amendment, Date of Original Filed (Month/Day/Year)		
			Director >	_		6. Individual or Joint/Group Filing (Check Applicable Line)		
(Street) BEACHWOOD OH 44122			title below)	below)		A Person	by One Reporting by More than One Person	
(City) (State) (Zip)								
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)			. Amount of Securities Beneficially Owned (Instr. )			I. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock, \$0.001 per share			1,469,482	I By		By Trust		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable an Expiration Date (Month/Day/Year)		ate	3. Title and Amount of Securiti Underlying Derivative Security (Instr. 4)		4. Conversion Exerci	ise Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			5)	

**Explanation of Responses:** 

/s/Atul Chopra

03/28/2023

\*\* 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 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).

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.