

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

OMB APPROVAL	
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person * <u>Nestle Health Science US Holdings, Inc.</u> _____ (Last) (First) (Middle) 1812 NORTH MOORE STREET _____ (Street) ARLINGTON VA 22209 _____ (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 05/08/2019	3. Issuer Name and Ticker or Trading Symbol <u>Axcella Health Inc. [ AXLA ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) _____ 6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	2,368,699	I	See Footnote <sup>(1)</sup>

**Table II - Derivative Securities Beneficially Owned (e.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 (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person * <u>Nestle Health Science US Holdings, Inc.</u> _____ (Last) (First) (Middle) 1812 NORTH MOORE STREET _____ (Street) ARLINGTON VA 22209 _____ (City) (State) (Zip)
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1. Name and Address of Reporting Person * <u>Societe des Produits Nestle S.A.</u> _____ (Last) (First) (Middle) AVENUE NESTLE 55, CH-1800 _____ (Street) VEVEY V8 _____ (City) (State) (Zip)
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1. Name and Address of Reporting Person *		
<a href="#">Nestle US Holdco, Inc.</a>		
(Last)	(First)	(Middle)
1812 NORTH MOORE STREET		
(Street)		
ARLINGTON		22209
(City) (State) (Zip)		
1. Name and Address of Reporting Person *		
<a href="#">NESTLE SA</a>		
(Last)	(First)	(Middle)
AVENUE NESTLE 55, CH-1800		
(Street)		
VEVEY		
(City) (State) (Zip)		
1. Name and Address of Reporting Person *		
<a href="#">NIMCO US, Inc.</a>		
(Last)	(First)	(Middle)
1812 NORTH MOORE STREET		
(Street)		
ARLINGTON	VA	22209
(City) (State) (Zip)		

**Explanation of Responses:**

1. Held by Nestle Health Science US Holdings, Inc. ("NHS"). NHS is a wholly owned subsidiary of NIMCO US, Inc. ("NIMCO"). NIMCO, in turn, is a wholly-owned subsidiary of Nestle US Holdco, Inc. ("Nestle US Holdco"), which is a wholly-owned subsidiary of Societe des Produits Nestle S.A. ("SPN"). The ultimate parent company of NHS, NIMCO, Nestle US Holdco and SPN is Nestle S.A. ("Nestle"), a publicly traded company. Each of these entities may be deemed to share voting and investment power with respect to all shares of Common Stock held by NHS. Each of NIMCO, Nestle US Holdco, SPN and Nestle disclaims beneficial ownership of such shares of Common Stock except to the extent of its pecuniary interest therein.

**Remarks:**

This Form 3 is being filed late due to administrative oversight.

[NESTLE HEALTH SCIENCE  
US HOLDINGS, INC. By: 02/12/2020  
Name: James Pepin, Title:  
Director and President](#)

[NIMCO US, INC. By: Name:  
Dan Nugent, Title: Chief Legal 02/12/2020  
Officer and General Counsel](#)

[NESTLE US HOLDCO, INC.  
By: Name: Michael Prewitt, 02/12/2020  
Title: Secretary](#)

[SOCIETE DES PRODUITS  
NESTLE S.A. By: Name:  
Claudio Kuoni, Title: Vice 02/12/2020  
President](#)

[NESTLE S.A. By: Name:  
Gregory Behar, Title: Deputy 02/12/2020  
Executive Vice President](#)

\*\* 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.