Milne Jill C. Form 4 February 09, 2018

### FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL** 

**OMB** 3235-0287 Number:

January 31, Expires: 2005

0.5

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if no longer subject to Section 16. Form 4 or Form 5

Check this box

obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* Milne Jill C.

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

**CATABASIS** 

(Month/Day/Year)

02/08/2018

Symbol

PHARMACEUTICALS INC

[CATB]

3. Date of Earliest Transaction

\_X\_\_ Director 10% Owner

(Check all applicable)

X\_ Officer (give title below) CEO and President

Other (specify

7. Nature of

Indirect

C/O CATABASIS

(Last)

PHARMACEUTICALS, INC., ONE KENDALL SQ, BLDG 1400E, STE B14202

(First)

(Middle)

(Street)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Applicable Line)

Filed(Month/Day/Year)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

CAMBRIDGE, MA 02139

(City) (State) (Zip)

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

5. Amount of 1. Title of 2. Transaction Date 2A. Deemed 4. Securities 6. Ownership Security (Month/Day/Year) Execution Date, if TransactionAcquired (A) or Securities Form: Direct (Instr. 3) Code Disposed of (D) Beneficially (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5)

(D) or Indirect Beneficial Owned (I) Ownership Following (Instr. 4) (Instr. 4) Reported

(A) Transaction(s) or (Instr. 3 and 4)

Code V Amount (D) Price

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

#### Edgar Filing: Milne Jill C. - Form 4

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date I	exercisable and	7. Title and	Amount of	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orDerivative	Expiration	Expiration Date		Underlying Securities	
Security	or Exercise		any	Code	Securities	(Month/l	Day/Year)	(Instr. 3 and	4)	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired (A)	or				
	Derivative				Disposed of (I	D)				
	Security				(Instr. 3, 4, and	d				
	•				5)					
				Code V	(A) (I	Date Exercisa	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 1.28	02/08/2018		A	230,000	<u>(1)</u>	02/07/2028	Common Stock	230,000	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships				
1	Director	10% Owner	Officer	Other	
Milne Jill C. C/O CATABASIS PHARMACEUTICALS, INC. ONE KENDALL SQ, BLDG 1400E, STE B14202 CAMBRIDGE, MA 02139	X		CEO and President		

## **Signatures**

/s/ Jill C. Milne 02/09/2018

\*\*Signature of Date
Reporting Person

# **Explanation of Responses:**

- \* 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).
- (1) This option was granted on February 8, 2018 and is subject to vesting over a four year period, with 25% of the shares vesting on the first anniversary of February 8, 2018 and the remainder vesting over the ensuing three years at a rate of 2.0833% per month.

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.

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