FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Nashington	D.C.	20549	

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

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

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

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 Person* Milne Jill C.				- [9	2. Issuer Name and Ticker or Trading Symbol CATABASIS PHARMACEUTICALS INC CATB]					_ [(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner V Officer (give title Other (specific				ner		
(Last)	(F	irst)	(Middle)								below)	Officer (give title below)			ecity		
C/O CATABASIS PHARMACEUTICALS, INC., 100 HIGH STREET, FLOOR 28					3. Date of Earliest Transaction (Month/Day/Year) 06/02/2021						•	CEO and	l Presi	dent			
(Street) BOSTO	N M	IA	02110		4. If Amendment, Date of Original Filed (Month/Day/Year)			- 1	ndividual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				1				
(City)	(S	State)	(Zip)														
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3) 2. Trans: Date (Month/It			te	action 2A. Deemed Execution Date, if any (Month/Day/Year		Code (Instr.			ed (A) or str. 3, 4 and !	Beneficial Owned Fo	Form: y (D) or		: Direct Ir r Indirect B str. 4) O	7. Nature of ndirect Beneficial Ownership			
							Code	Amo	Amount (A) or (D)		Price	Reported Transaction (Instr. 3 and				nstr. 4)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
Security (Instr. 3) or Exercise Price of Derivative Security (Month/Day/Year) if any (Month/Day/Year) if any (Month/Day/Year) 8)		Transa Code	saction Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
			Code	v	(A)	(D)	Date Exercisable	Expirati Date		Title	Amount or Number of Shares		(Instr. 4)				
Stock Option (right to buy)	\$2.87 ⁽¹⁾	06/02/2021		A		1,400,000		(2)	03/31/20)31	Common Stock	1,400,00	\$0	1,400,	000	D	

Explanation of Responses:

- $1. \ Represents the closing price of the common stock of Catabasis Pharmaceuticals, Inc. (the "Company") on April 1, 2021.$
- 2. This option was granted on April 1, 2021 subject to the approval by the stockholders of the Company of an increase in the number of shares of common stock available under the Company's Amended and Restated 2015 Stock Incentive Plan ("Proposal No. 4") at the Company's 2021 Annual Meeting of Stockholders (the "Annual Meeting"). Proposal No. 4 received the requisite approval at the Annual Meeting on June 2, 2021. The option is subject to vesting over a four year period, with 25% of the shares vesting on the first anniversary of April 1, 2021 and the remainder vesting over the ensuing three years at a rate of 2.0833% per month.

/s/ Jill C. Milne

06/02/2021

** 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 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.