FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

| 1. Name and Address of Reporting Person [*] Donovan Joanne M. | | | | | 2. Issuer Name and Ticker or Trading Symbol CATABASIS PHARMACEUTICALS INC [CATB] | | | | | | | | | eck all app Direct | tionship of Reporting all applicable) Director Officer (give title | | Person(s) to Issuer 10% Owner Other (specify | |
|--|---|--|---|--------|--|--------|--|--|-----|----------------|---|-----|---|--|--|-----------------------------------|---|--|
| | C/O CATABASIS PHARMACEUTICALS, INC. | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/08/2016 | | | | | | | | | X below | below) CMO; SVP Clinic | | below) | |
| ONE KENDALL SQ, BLDG 1400E, STE B14202 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 09/12/2016 | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicat Line) | | | | |
| (Street) CAMBRIDGE MA 02139 | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (S | tate) (| Zip) | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) Date (Month/Day | | | | | Execution Date, | | | 3. Transacti Code (Ins 8) | | | rities Acquired (ed Of (D) (Instr. 3 | | | Securit Benefic Owned | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | m: Direct or rect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | Code | v | Amoun | mount (A) or (D) | | Price | Report Transa | | | u. 4) | (1150.4) |
| 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/Ye | Code (| | ion of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | . 3 | 8. Price of Derivative Security (Instr. 5) | ve Securities Beneficial | Iy Di (1) (1) (1) (1) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | | Date Exercisable | | piration te | Title | or | ount nber res | | | | | |
| Stock Option (right to buy) | \$4.31 ⁽¹⁾ | 09/08/2016 | | A | | 45,000 | | (2) | 09/ | /07/2026 | Common Stock | 45, | 000 | \$0 | 45,000 | | D | |
| Explanatio | n of Respon | ses: | | | | | | | | | | | | | | | | |

1. This Form 4/A is being filed to correct the stated Conversion or Exercise Price of Derivative Security. The correct Exercise Price of the Derivative Security is \$4.31 and was previously stated as \$4.30.

2. The option was granted on September 8, 2016 and is subject to vesting over a four year period, with 25% of the shares vesting on the first anniversary of September 8, 2016 and the reminder vesting over the ensuing three years at a rate of 2.0833% per month.

/s/ Deirdre Cunnane as attorney-in-fact for Joanne <u>Donovan</u> ** Signature of Reporting Person

09/13/2016

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.