FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
1										
	Estimated average burd	en								
	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*     Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol CATABASIS PHARMACEUTICALS INC								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Milne Jill C.					CATB ]								X Directo	Director		10% Ow	ner	
(Last) (First) (Middle)					(MD)								X Officer below)	Officer (give title below)		Other (specify below)		
C/O CATABASIS PHARMACEUTICALS, INC.					3. Date of Earliest Transaction (Month/Day/Year)								CEO and President					
ONE KENDALL SQ, BLDG 1400E, STE B14202						09/07/2018												
ONE RENDITE 3Q, DEDG 1400E, 31E D14202						4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable					
(Street)				<b>-</b>	4. II Amendment, Date of Original Flied (Month/Day/feal)							Lin						
CAMBR	IDGE M	1A	02139										X Form fi	led by One F	Repor	ting Person		
												Form filed by More than One Reporting						
(City) (State) (Zip)													Person					
		·																
		Та	ble I - Non-D	erivati	ve Se	curities	s Ac	quired,	Disp	osed o	of, or Be	neficial	y Owned					
1. Title of Security (Instr. 3)  2. Transa Date (Month/D						2A. Deemed Execution Date if any (Month/Day/Yea		e, Transaction Dispose Code (Instr.		rities Acquired (A) or ed Of (D) (Instr. 3, 4 a		Beneficia Owned F	es Form ally (D) of Following (I) (Ir		Direct II Indirect E tr. 4) C	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount (A) or (D)		r Price	Reported Transacti (Instr. 3 a	tion(s)		(	nstr. 4)	
			Table II - Dei					uired, D					Owned					
1. Title of	2.	3. Transaction	3A. Deemed	4.	,	,	_						8. Price of	9. Number	of	10.	11. Nature	
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	n Date	Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported Transaction(s)	y	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amount or Number of Shares		(Instr. 4)				
Stock Option (right to buy)	\$0.71	09/07/2018		A		230,000		(1)	09	9/06/2028	Common Stock	230,000	\$0	230,000		D		

## Explanation of Responses:

1. This option was granted on September 7, 2018 and is subject to vesting over a two year period, with 50% of the shares vesting on the first anniversary of September 7, 2018 and the remainder vesting over the ensuing year at a rate of 4.1667% per month.

/s/ Jill C. Milne

09/10/2018

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.

 $Persons \ who \ respond \ to \ the \ collection \ of \ information \ contained \ in \ this \ form \ are \ not \ required \ to \ respond \ unless \ the \ form \ displays \ a \ currently \ valid \ OMB \ Number.$