FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per respons | e· 0.5 | | | | | | | | |

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

| Name and Address of Reporting Person* Milne Jill C. | | | | | CA | 2. Issuer Name and Ticker or Trading Symbol CATABASIS PHARMACEUTICALS INC [CATB] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|--|--|--|-----------------|----------------------|-----------------------------------|--|---------|-----|--|---|---|--|-----|----------------------|---|--|------------------------|---|---|--|
| I | ` | rst) (HARMACEUTI | Middle) | INC. | 3. Dat | 3. Date of Earliest Transaction (Month/Day/Year) 07/17/2015 | | | | | | | | | below) | r (give title President and | | Other (specify below) CEO | | |
| ONE KENDALL SQUARE BLDG. 1400E, SUITE B14202 | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (Street) CAMBR | RIDGE M | Α (| 02139 | | | | | | | | | | | | Person | - | o mai | Tone Rope | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | | Execution Date | | | 3. Transact Code (In 8) | | 4. Securities Acquired Disposed Of (D) (Instr. and 5) | | | | | es I ally (| Form (D) o Indir | Form: Direct (D) or Indirect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | mount (A) or (D) | | Price | Reported | Reported Transaction(s) (Instr. 3 and 4) | | . 4) | msu. 4) | |
| | | | Tabl | e II - Deri (e.g. | | | | | uired, Di: , options | | | | | | ned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution Date, | | Transaction Code (Instr. 8) | | n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4) | | curity | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s illy g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership | |
| | | | | | Code | v | (A) | (D) | Date Exercisabl | | xpiration ate | Title | or | ount mber ires | | | | | | |
| Stock Option (right to buy) | \$14.05 | 07/17/2015 | | | A | | 160,000 | | (1) | 0 | 7/16/2025 | Common Stock | 160 |),000 | \$0 | 160,00 | 00 | D | | |

Explanation of Responses:

1. This option was granted on July 17, 2015 and vests over four years, with 25% of the shares vesting on the first anniversary of July 8, 2015 and the remainder vesting over the ensuing three years at a rate of 2.0833% per month.

/s/ Jill C. Milne

07/21/2015

** 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.