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

**SCHEDULE 13G/A** 

**Under the Securities Exchange Act of 1934** 

(Amendment No. 2)\*

ASTRIA THERAPEUTICS INC. (f/k/a Catabasis Pharmaceuticals, Inc.) (Name of Issuer)

Common Stock, par value \$0.001 per share (Title of Class of Securities)

<u>04635X102</u> (CUSIP Number)

November 14, 2022
(Date of Event Which Requires Filing of this Statement)

Check the appropriate box to designate the rule pursuant to which this Schedule is filed:

	Rule 13d-1(b)
X	Rule 13d-1(c)
	Rule 13d-1(d)

The information required in the remainder of this cover page shall not be deemed to be "filed" for the purpose of Section 18 of the Securities Exchange Act of 1934 ("Act") or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes).

<sup>\*</sup>The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter the disclosures provided in a prior cover page.

1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY)				
	RA Capital Ma	RA Capital Management, L.P.			
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (SEE INSTRUCTIONS)				
3	SEC USE ONLY				
4	CITIZENSHIP OR PLACE OF ORGANIZATION				
	Delaware				
		5	SOLE VOTING POWER		
			0		
	BER OF ARES	6	SHARED VOTING POWER		
	CIALLY ED BY		0		
EA	СН	7	SOLE DISPOSITIVE POWER		
REPORTING PERSON			0		
WI	TH:	8	SHARED DISPOSITIVE POWER		
			0		
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON				
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES (SEE INSTRUCTIONS) □				
11	PERCENT OF	CLASS RE	PRESENTED BY AMOUNT IN ROW 9		
	0%				
12	TYPE OF REP	ORTING PE	ERSON (SEE INSTRUCTIONS)		
	IA, PN				
	l '				

1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY)					
	Peter Kolchins	Peter Kolchinsky				
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (SEE INSTRUCTIONS)					
		(b) $\Box$				
3	SEC USE ONLY					
4	CITIZENSHIP OR PLACE OF ORGANIZATION					
	United States o	of America				
		5	SOLE VOTING POWER			
	JED OF		0			
	BER OF RES	6	SHARED VOTING POWER			
	CIALLY ED BY		0			
EA	СН	7	SOLE DISPOSITIVE POWER			
REPORTING PERSON			$ _{0}$			
WI	TH:	8	SHARED DISPOSITIVE POWER			
			$ _{0}$			
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON					
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES (SEE INSTRUCTIONS) □					
11	PERCENT OF	CLASS RE	PRESENTED BY AMOUNT IN ROW 9			
	0%	0%				
12	TYPE OF REP	ORTING PE	ERSON (SEE INSTRUCTIONS)			
	HC, IN					
	1 '					

1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY)			
	Rajeev Shah			
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (SEE INSTRUCTIONS)			
3	SEC USE ONLY			
4	CITIZENSHIP OR PLACE OF ORGANIZATION			
	United States of America			
		5	SOLE VOTING POWER	
NILIME	BER OF		0	
SHA	RES	6	SHARED VOTING POWER	
	CIALLY ED BY		0	
	CH RTING	7	SOLE DISPOSITIVE POWER	
PERSON WITH:			0	
,,,,		8	SHARED DISPOSITIVE POWER	
			0	
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON			
	0			
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES (SEE INSTRUCTIONS) □			
11	PERCENT OF	CLASS RE	PRESENTED BY AMOUNT IN ROW 9	
0%				
12	TYPE OF REF	ORTING PE	ERSON (SEE INSTRUCTIONS)	
	HC, IN			

1	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY)				
	RA Capital Healthcare Fund, L.P.				
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (SEE INSTRUCTIONS)				
				(a) □ (b) □	
3	SEC USE ONLY				
4	CITIZENSHIP OR PLACE OF ORGANIZATION				
	Delaware				
	Delaware	5	SOLE VOTING POWER		
		3			
NUME	BER OF		0		
	RES CIALLY	6	SHARED VOTING POWER		
	ED BY		0		
	CH RTING	7	SOLE DISPOSITIVE POWER		
PERSON			0		
WI	TH:	8	SHARED DISPOSITIVE POWER		
			0		
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON				
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES (SEE INSTRUCTIONS) □				
11	PERCENT OF	CLASS RE	PRESENTED BY AMOUNT IN ROW 9		
	0%				
12		PORTING PE	ERSON (SEE INSTRUCTIONS)		
	PN				
	PIN PIN				

## Item 1(a). Name of Issuer:

Astria Therapeutics, Inc. (the "Issuer")

## Item 1(b). Address of Issuer's Principal Executive Offices:

75 State Street, Suite 1400, Boston, MA 02110

## Item 2(a). Names of Persons Filing:

The names of the persons filing this report (collectively, the "Reporting Persons") are:

RA Capital Management, L.P. ("RA Capital")

Peter Kolchinsky

Rajeev Shah

RA Capital Healthcare Fund, L.P. (the "Fund")

## Item 2(b). Address of Principal Business Office or, if None, Residence:

The address of the principal business office of each of the Reporting Persons is:

c/o RA Capital Management, L.P., 200 Berkeley Street, 18<sup>th</sup> Floor, Boston MA 02116

## Item 2(c). <u>Citizenship</u>:

RA Capital and the Fund are Delaware limited partnerships. Dr. Kolchinsky and Mr. Shah are United States citizens.

## Item 2(d). <u>Title of Class of Securities</u>:

Common stock, par value \$0.001 per share ("Common Stock")

## Item 2(e). CUSIP Number:

04635X102

# Item 3. If this statement is filed pursuant to §§ 240.13d-1(b) or 240.13d-2(b) or (c), check whether the person filing is a:

Not applicable.

# Item 4. Ownership.

Provide the following information regarding the aggregate number and percentage of the class of securities of the issuer identified in Item 1.

# (a) Amount Beneficially Owned:

See the response(s) to Item 9 on the attached cover page(s).

(b) Percent of Class:

See the response(s) to Item 11 on the attached cover page(s).

- (c) Number of shares as to which such person has:
  - (i) sole power to vote or to direct the vote:See the response(s) to Item 5 on the attached cover page(s).
  - (ii) shared power to vote or to direct the vote See the response(s) to Item 6 on the attached cover page(s).
  - (iii) sole power to dispose or to direct the disposition of See the response(s) to Item 7 on the attached cover page(s).
  - (iv) shared power to dispose or to direct the disposition of See the response(s) to Item 8 on the attached cover page(s).

# Item 5. Ownership of Five Percent or Less of a Class.

If this statement is being filed to report the fact that as of the date hereof the Reporting Persons have ceased to be the beneficial owner of more than five percent of the class of securities, check the following  $\boxtimes$ .

## Item 6. Ownership of More than Five Percent on Behalf of Another Person.

Not applicable.

# Item 7. Identification and Classification of the Subsidiary Which Acquired the Security Being Reported on by the Parent Holding Company or Control Person.

Not applicable.

## Item 8. <u>Identification and Classification of Members of the Group.</u>

Not applicable.

## Item 9. Notice of Dissolution of Group.

Not applicable.

#### Item 10. <u>Certification</u>.

By signing below I certify that, to the best of my knowledge and belief, the securities referred to above were not acquired and are not held for the purpose of or with the effect of changing or influencing the control of the issuer of the securities and were not acquired and are not held in connection with or as a participant in any transaction having that purpose or effect, other than activities solely in connection with a nomination under § 240.14a-11.

# Exhibit List

Exhibit 1: Joint filing agreement

## **SIGNATURE**

After reasonable inquiry and to the best of its knowledge and belief, each of the undersigned certifies that the information set forth in this statement is true, complete and correct.

Date: November 14, 2022

## RA CAPITAL MANAGEMENT, L.P.

By: /s/ Peter Kolchinsky

Name: Peter Kolchinsky
Title: Authorized Signatory

PETER KOLCHINSKY

/s/ Peter Kolchinsky

RAJEEV SHAH

/s/ Rajeev Shah

# RA CAPITAL HEALTHCARE FUND, L.P.

By: RA Capital Healthcare Fund GP, LLC

Its: General Partner

By: /s/ Peter Kolchinsky

Name: Peter Kolchinsky

Title: Manager

#### **AGREEMENT**

This Joint Filing Agreement, dated as of November 14, 2022, is by and among RA Capital Management, L.P., Peter Kolchinsky, Rajeev Shah, and RA Capital Healthcare Fund, L.P. (the foregoing are collectively referred to herein as the "Filers").

Each of the Filers may be required to file with the United States Securities and Exchange Commission a statement on Schedule 13G and/or 13D with respect to Common Stock, par value \$0.001 per share of Astria Therapeutics, Inc. beneficially owned by them from time to time.

Pursuant to and in accordance with Rule 13(d)(1)(k) promulgated under the Securities Exchange Act of 1934, as amended, the Filers hereby agree to file a single statement on Schedule 13G and/or 13D (and any amendments thereto) on behalf of each of such parties, and hereby further agree to file this Joint Filing Agreement as an exhibit to such statement, as required by such rule.

This Joint Filing Agreement may be terminated by any of the Filers upon one week's prior written notice or such lesser period of notice as the Filers may mutually agree.

Executed and delivered as of the date first above written.

## RA CAPITAL MANAGEMENT, L.P.

By: /s/ Peter Kolchinsky

Name: Peter Kolchinsky Title: Authorized Signatory

#### PETER KOLCHINSKY

/s/ Peter Kolchinsky

RAJEEV SHAH

/s/ Rajeev Shah

#### RA CAPITAL HEALTHCARE FUND, L.P.

By: RA Capital Healthcare Fund GP, LLC

Its: General Partner

By: /s/ Peter Kolchinsky

Name: Peter Kolchinsky

Title: Manager