FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-028								
Estimated average but	ırden								

0.5

hours per response:

)	Check this box if no longer subject to
	Section 16. Form 4 or Form 5
J	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

						,											
1. Name and Address of Reporting Person* <u>Cunnane Deirdre A.</u>					2. Issuer Name and Ticker or Trading Symbol CATABASIS PHARMACEUTICALS INC CATB]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
				- 1-								Director			10% Ow	· I	
				-								Officer (below)	(give title	ve title Other (spe below)		pecify	
(Last) (First) (Middle)						Date of Earliest Transaction (Month/Day/Year)							Chief Legal Officer				
C/O CATABASIS PHARMACEUTICALS, INC.				0	09/07/2018												
ONE KENDALL SQ, BLDG 1400E, STE B14202																	
				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)													led by One	Reno	rting Person		
CAMBR	IDGE N	1A	02139										•	•	One Report		
												Person		z uran	One Report		
(City)	(9	State)	(Zip)														
		Т-	bla I. Nan D				- ^ -	and D		f av Da		. 0 a al					
		ia	ble I - Non-D	erivati	ve Se	ecurities	SAC	quirea, D	isposea c	or, or Be	neticially	Owned					
1. Title of S	Security (Ins	tr. 3)	2. 1 Dat	ransaction	action 2A. Deemed Execution Date.			3. Transacti	3. 4. Securities Acquired (A) of Transaction Disposed Of (D) (Instr. 3, 4			5. Amoun				'. Nature of ndirect	
				(Month/Day/Year)				Code (Instr.		u O1 (B) (1115ti 1 0, 4 ti		[^] Beneficia	illy (D) o	(D) or	or Indirect	Beneficial	
								ar) 8)	-			Owned For Reported	ion(s)			Ownership (Instr. 4)	
								Code V	Amount	(A) o (D)	r Price	Transacti (Instr. 3 a					
			Table II Day	dis en dis e	. Car		Λ	uired Die	nacad of	or Don	oficially (Diamond.					
			Table II - Dei					, options				Jwnea					
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Numbe	ar of	6. Date Exerc	ricable and	7. Title an	d Amount	8. Price of	9. Numbe	r of	10.	11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Date,	Transaction Code (Instr.		Derivative Securities Acquired (A)		Expiration Date (Month/Day/Year) of Securities Underlying Derivative Securities			ies	Derivative Security	derivative Securities Beneficially		Ownership of Form: Bo Direct (D)	of Indirect Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)								Security	(Instr. 5)				Ownership	
Derivative Security						or Disposed of (D) (Instr. 3, 4 and 5)		(Instr. 3 and 4)			10 4)		Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)	
												Reported Transaction(s)					
											Amount or		(Instr. 4)	`			
				Cada	l _v	(0)		Date	Expiration	T:41a	Number						
				Code	ľ	(A)	(D)	Exercisable	Date	Title	of Shares						
Stock Option	40.54	00/07/0040		Ι.		450,000		(1)	00/06/2000	Common	150,000		450.00				
(right to	\$0.71	09/07/2018		A		150,000		(1)	09/06/2028	Stock	150,000	\$0	150,00	IU	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/ Deirdre A. Cunnane
** Signature of Reporting Person

09/10/2018 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.

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