Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|------------------|
| | | | |

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Donovan Joanne M. | | | | | <u>C</u> | 2. Issuer Name and Ticker or Trading Symbol CATABASIS PHARMACEUTICALS INC [CATB] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify | | | | | | |
|---|--|------------|-------|--------------|-----------------|--|-------------|--|---------------------|---|-----------|---|--|---|--|---|--|---------------|---|--|
| (Last) (First) (Middle) 100 HIGH STREET | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/12/2020 | | | | | | | | X | X Officer (give title Other (specify below) CMO; SVP Clinical Development | | | | | |
| 28TH FLOOR | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) | N M | ÍΑ | 02110 | | _ - | i zanc | indinent, E | Juic (| or Original Fi | icu (| iwona waa | iyi redi j | | ine) | Form fi | led by One led by Mor | e Repo | orting Persor | ı | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | Person | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | Execution Date, | | Code (In: | Transaction Disposed Of (D) (Instr. 3, 4 | | | | 4 and Securitie Beneficia Owned F | | s illy ollowing | Form (D) o | Form: Direct | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | Code | , | Amount | (A) or Pric | | • | Reported Transact (Instr. 3 a | tion(s) | | | Instr. 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 Execution if any (Month/Day/Year) 3A. Deeme Execution if any (Month/Day | | Date, | Code (Instr. | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | D S | . Price of derivative decurity nstr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | s Blly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | opiration | Title | Amoun or Numbe of Shares | r | | | | | | |
| Stock Option (right to buy) | \$5.32 | 02/12/2020 | | | A | | 60,000 | | (1) | 02 | 2/11/2030 | Common Stock | 60,00 | 0 | \$0 | 60,000 | 0 | D | | |

Explanation of Responses:

1. This option was granted on February 12, 2020 and is subject to vesting over a four year period, with 25% of the shares vesting on the first anniversary of February 12, 2020 and the remainder vesting over the ensuing three years at a rate of 2.0333% per month.

/s/ Joanne Donovan

02/14/2020

** 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.