## Edgar Filing: CATABASIS PHARMACEUTICALS INC - Form 4

CATABASIS PHARMACE Form 4 June 30, 2015	EUTICALS	S INC							
June 30, 2015         FORM 4         UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549         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, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940							OMB Number: Expires: Estimated a burden hou response	rs per	
(Print or Type Responses)									
1. Name and Address of Reportin Modi Rick	2. Issuer Name and Ticker or Trading Symbol CATABASIS PHARMACEUTICALS INC [CATB]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) C/O CATABASIS PHARMACEUTICALS, II ONE, KENDALL SQUAR 1400E, SUITE B14202		3. Date of (Month/Da 06/30/20		ansaction			X Officer (giv below)		er (specify
(Street)	(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
CAMBRIDGE, MA 02139	)						Form filed by I Person	More than One Re	eporting
(City) (State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficial	lly Owned
1.Title of Security (Instr. 3)2. Transaction I (Month/Day/Ye	ar) Execution any	emed on Date, if /Day/Year)	3. Transactio Code (Instr. 8) Code V	4. Securi onAcquired Disposed (Instr. 3, Amount	l (A) o l of (D	)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock 06/30/2015			С	4,094	А	<u>(1)</u>	4,094	D	

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

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 control number.

## Edgar Filing: CATABASIS PHARMACEUTICALS INC - Form 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 (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number of onDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ve Expiration Date es (Month/Day/Year) d (A) osed of		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Pr Deri Secu (Inst
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Series B Preferred Stock	<u>(1)</u>	06/30/2015		C		52,614	<u>(1)</u>	<u>(1)</u>	Common Stock	4,094	•

## **Reporting Owners**

Reporting Owner Name / Address		Relationships						
		Director	10% Owner	Officer	Other			
Modi Rick C/O CATABASIS PHARMACEUTICALS, INC. ONE KENDALL SQUARE BLDG. 1400E, SUITE B14202 CAMBRIDGE, MA 02139				Chief Business Officer				
Signatures								
/s/ Rick Modi	06/30/2015							

<u>\*\*</u>Signature of Reporting Person Date

**Explanation of Responses:** 

- \* 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).

The Series B Preferred Stock converted into Common Stock on a 1-for-12.85 basis upon the closing of the Issuer's initial public offering
 (1) without payment of consideration. The Series B Preferred Stock was convertible at any time at the holder's election and automatically upon the closing of the Issuer's initial public offering. The shares had no expiration date.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.