FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

UIVIB APPRUVAL									
OMB Number:	3235-0287								
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hours per response:	0.5								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

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(c). Se	ee Instruction 1	0.																		
1. Name and Address of Reporting Person* KARBE FRANK				2. Issuer Name and Ticker or Trading Symbol Phathom Pharmaceuticals, Inc. [PHAT]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner								
(Last)	(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)							_	Officer (give title below)				Other (s				
C/O PHATHOM PHARMACEUTICALS, INC.					12/13/2024															
100 CAMPUS DRIVE, SUITE 102					4. If Amendment, Date of Original Filed (Month/Day/Year))	6. Individual or Joint/Group Filing (Check Applicable						
(Street)				/	unona	morit,	Duto	01 0119	,a	ica (Monaile	ay, rour		ine)		,		orting Person	··		
PARK	NJ	0	7932											Form filed by More than One Reporting Person				orting		
(City)	(St	ate) (Z	Zip)																	
		Table	I - N	Ion-Deriva	tive S	Secui	rities	Ac	quire	d, Di	sposed of	f, or E	Benefic	ially	Own	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/You				Execution D		on Dat	n Date, Transa Code (4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			d 5)	Securi Benefi Owned	Securities F Beneficially (Owned Following (n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
							Ì	Code	v	Amount	(A) or (D)	Price			ted action(s) 3 and 4)			(Instr. 4)		
Common Stock 12/13/202					24				P		12,500	A	\$7.92	67(1)	5	7,000		D		
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)	erivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			4. Transa Code (8)				Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Der Sec (Ins	rice of ivative curity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exer	rcisable	Expiration Date	Title	Amount or Number of Shares							

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$7.87 to \$8.00. The reporting person undertakes to provide Phathom Pharmaceuticals, Inc. (the "Company"), any security holder of the Company, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in this footnote.

/s/ Molly Henderson, Attorney-in-Fact for Frank

12/16/2024

Karbe

** 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.