FORM 4

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Nashington,	D C	20540
wasiiiigton,	D.C.	20048

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
hours per response:	0.5						

Section 16. Form 4 of Form 5	
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* Nabulsi Azmi					2. Issuer Name and Ticker or Trading Symbol Phathom Pharmaceuticals, Inc. [PHAT]									ck all applic Directo Officer	or 10% Own r (give title Other (sp		ner			
	ATHOM PH	irst) IARMACEUTIO VE, SUITE 102	(Middle)	C.		3. Date of Earliest Transaction (Month/Day/Year) 01/19/2023									below)	thief Operating Officer		,		
(Street) FLORHA PAK (City)	N		07932 (Zip)		4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - Noi	n-Deriv	ative	e Se	curities	s Ac	auired.	Dis	posed o	f. or B	enefi	cially	/ Owned					
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)			n 2A. Deemed Execution Date,		3. 4. Securities Acq Transaction Code (Instr. 5)		ies Acqu	uired (A) or		5. Amount of Securities Beneficially Owned Following		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount (A) or (D)		or P	rice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	Stock			01/19	9/202	/2023		A		45,000 ⁽¹⁾ A		A (\$0.00	89,567(2)		D				
Common Stock												2,355.22			I	by 401(k)				
Common	Common Stock										785,700			I	by Trust					
		7	Table II -								osed of, onvertil				Owned					
Security or (Instr. 3) Pri	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution E if any (Month/Day	Date,	4. Transa Code (I		ı of		6. Date Exercisal Expiration Date (Month/Day/Year		of Securities			8. Price of Derivative Security (Instr. 5)	9. Number derivatives Securities Beneficia Owned Following Reported Transacti (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or	ount nber res						
Stock Option (Right to Buy)	\$8.35	01/19/2023			A		75,000		(3)		01/18/2033	Commo Stock	ⁿ 75,	,000 \$0.00 75		75,000 D		D		

Explanation of Responses:

- 1. Represents restricted stock units ("RSUs") granted on January 19, 2023. One third (1/3) of the total number of RSUs granted vest on each of the first three anniversaries of January 19, 2023, the vesting commencement date, subject to the Reporting Person's continued service on the applicable vesting date. Each RSU represents a contingent right to receive one share of common stock of the Issuer.
- $2.\ Includes\ 2,\!596\ shares\ acquired\ under\ the\ Phathom\ Pharmaceuticals,\ Inc.\ employee\ stock\ purchase\ plan\ in\ January\ 2023.$
- 3. The stock option will vest with respect to 25% of the shares of common stock on January 19, 2024, and will vest with respect to the remaining shares in equal monthly installments over the following three years, subject to the reporting person's continuous service to the Company on the applicable vesting dates.

Remarks:

/s/ Larry Miller, Attorney-in-Fact for Azmi Nabulsi

01/20/2023

** 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.