SEC	Form 4	
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## FORM 4

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

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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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*           RA CAPITAL MANAGEMENT, L.P.					2. Issuer Name and Ticker or Trading Symbol <u>Phathom Pharmaceuticals, Inc.</u> [ PHAT ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner					
(Last) (First) (Middle) 200 BERKELEY STREET, 18TH FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 04/01/2020									Officer (give title Other (specify below) below)					
(Street) BOSTON MA 02116				- 4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person							
(City)	(St	ate) (	(Zip)																
			e I - Non-Deriv					quire		-				-					
Date (Month/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year)		c	Transact Code (In 8)		tr.		(D) (Insi	str. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported		6. Owners Form: Dire (D) or Indirect (I) (Instr. 4)	ect Indire Benet			
Common Stock			04/01/2020	<u> </u>			Code P	v	Amoun	_	(A) or (D)	Price \$24.	8609 <sup>(1)</sup>	Transaction (Instr. 3 and 3,825,000	1 4)		See		
		Ta	ble II - Derivat	tive Se	curiti	es	no A	Jirec	l. Disn	ose	d of.						Foot	note <sup>(3)(4)(5)</sup>	
			(e.g., p	uts, ca		arra	ants	, opt	ions,	conv	/ertib	le se	curities	s)					
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. Transa Code ( 8)	nstr.	of Deriv Secu Acqu (A) o Disp of (D	osed )) r. 3, 4	Exp	6. Date Exercisable and Expiration Date (Month/Day/Year)			int of ities rlying ative ity (Instr.	Derivative de Security Se (Instr. 5) Be Ov Fo Re Tra		derivative Ov Securities Fo Beneficially Di Owned or	10. Ownershij Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date	e rcisable	Expi Date	iration	Title	Amount or Number of Shares						
		Reporting Person																	
,			<u> </u>		-														
(Last) 200 BEF		(First) FREET, 18TH F	(Middle)																
(Street) BOSTO	N	MA	02116		_														
(City)		(State)	(Zip)																
		Reporting Person																	
	CAPITAL	(First) MANAGEMEN																	
200 BEF	RKELEY S	FREET, 18TH F	LOOR		_														
(Street)	N	MA	02116																
(City)		(State)	(Zip)																
	nd Address of nsky Pete	Reporting Person <u>r</u>	*																
(Last) C/O RA		(First) MANAGEMEN	(Middle) NT, L.P.																
200 BEF	RKELEY S	FREET, 18TH F	LOOR																

(Street)		00110						
BOSTON	MA	02116						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person*								
<u>Shah Rajeev M.</u>								
,								
(Last)	(First)	(Middle)						
C/O RA CAPITAL MANAGEMENT, L.P.								
200 BERKELEY STREET, 18TH FLOOR								
(Street)								
BOSTON	МА	02116						
,								
(City)	(State)	(Zip)						

## Explanation of Responses:

1. This transaction was executed in multiple trades at prices ranging from \$24.50 to \$24.935; the price reported above reflects the weighted average sale price. The reporting person hereby undertakes to provide full information regarding the number of shares and prices at which these transactions were effected upon request to the SEC staff, the issuer, or a security holder of the issuer.

2. Following the reported transactions, the RA Capital Healthcare Fund, L.P. (the "Fund") held 3,293,796 shares and a separately managed account (the "Account") held 531,212 shares.

3. RA Capital Management, L.P. (the "Adviser") is the investment manager for the Fund and the Account. The general partner of the Adviser is RA Capital Management GP, LLC (the "Adviser GP"), of which Dr. Peter Kolchinsky and Mr. Rajeev Shah are the managing members. The Adviser, the Adviser GP, Dr. Kolchinsky, and Mr. Shah may be deemed indirect beneficial owners of the reported securities for purposes of Section 13(d) of the Securities Exchange Act of 1934 (the "Act").

4. They disclaim beneficial ownership of any of the reported securities for the purpose of determining whether they are subject to Section 16 of the Act, however, in reliance on Rule 16a-1(a)(1)(v) and (vii). To the extent that they might be deemed subject to Section 16, they disclaim beneficial ownership of securities held by the Fund for purposes of Rule 16a-1(a)(2), except to the extent of their pecuniary interest therein, and disclaim any pecuniary interest in securities held in the Account for purposes of Rule 16a-1(a)(2).

5. The filing of this Form 4 shall not be construed as an admission that either the Adviser, the Adviser GP, Dr. Kolchinsky, or Mr. Shah is or was for the purposes of Section 16(a), or otherwise, the beneficial owner of any of the securities held in the Account.

<u>/s/ Peter Kolchinsky, Manager</u> of RA Capital Management, L.P.	<u>04/03/2020</u>
<u>/s/ Peter Kolchinsky, Manager</u> of RA Capital Healthcare GP, <u>LLC, the General Partner of</u> <u>RA Capital Healthcare Fund,</u> <u>L.P.</u>	<u>04/03/2020</u>
<u>/s/ Peter Kolchinsky,</u> <u>individually</u>	<u>04/03/2020</u>
<u>/s/ Rajeev Shah, individually</u> ** Signature of Reporting Person	<u>04/03/2020</u> 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.