Instruction 1(b).

FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549
vacinington,	D.O.	_00.0

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

## IENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 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*     Henderson Molly						2. Issuer Name and Ticker or Trading Symbol Phathom Pharmaceuticals, Inc. [ PHAT ]								Officer (give title				10% O	wner
(Last)	,	rst) (M	/liddle	•	3. Date of Earliest Transaction (Month/Day/Year) 11/20/2023								X Officer (give title Other (specify below)  CFO and CBO						
100 CAMPUS DRIVE, SUITE 102					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	AM NJ	0	7932	:										X Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
(City)	(State) (Zip)				_	Rule 10b5-1(c) Transaction Indication													
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	I - N	Ion-Deriva	tive S	Secui	rities	Ac	quire	d, Di	sposed of	f, or E	enefici	ally	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye					ear) i	Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquirities Acquirit				cquired (A) or O) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported		m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) or (D)	Price		Transa	saction(s) r. 3 and 4)			(11311. 4)
Common Stock 11/20/202				:3				S		2,127(1)	D	\$7.241	.2415 <sup>(2)</sup>		103,061		D		
Common Stock												1,134.2		134.27			By 401(k)		
		Tal	ole II	l - Derivati (e.g., pu							posed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exec if an	Deemed cution Date, y tth/Day/Year)	Transaction Code (instr. 8) S A (/P) (Instr. 8)		of	r osed (r. 3, 4	Expiration (Month/Day		/Year)	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)  Amount or Number of Title Shares		Der Sec	Price of erivative security security security security securities Beneficia Owned Following Reported Transacti (Instr. 4)		,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

## **Explanation of Responses:**

- 1. Represents shares sold to satisfy tax withholding obligations upon the settlement of restricted stock units.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices between \$7.24 and \$7.2893. The reporting person undertakes to provide the Issuer, any security holder of the Company, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

## Remarks:

/s/ Larry Miller, Attorney-in-Fact for Molly Henderson \*\* Signature of Reporting Person

11/21/2023

Date

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

- $^{\star}$  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.