FORM 4

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

Washing

Washington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287		
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0.5

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 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Curran Terrie					2. Issuer Name and Ticker or Trading Symbol Phathom Pharmaceuticals, Inc. [ PHAT ]										k all app Direc	tor	ng Per	10% Ov	vner
(Last)	(Fir	est) (I	Middle)	INC.	3. Date of Earliest Transaction (Month/Day/Year) 03/22/2024								X	belov	er (give title	Chief	Other (s below) f Executiv	·	
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) FLORHA PARK	AM <sub>NJ</sub>	0	07932												Y Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(St	ate) (2	Zip)		$ _{\Box}$	Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a constitution satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruc										uction or writt	en pla	n that is inter	nded to
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired	, Dis	posed of	, or B	enefi	cially	<b>Own</b>	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execution D		n Date, Transac Code (Ir								ties cially I Following	Forn (D) o	Ownership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) o (D)	r Pri	ce	Transa	ransaction(s) nstr. 3 and 4)			(111511.4)	
Common Stock 03/2				03/22/2	/2024				S		16,851	D	\$9	.11(1)	(1) 410,784(2)			D	
Common	Stock														3,840.16				By 401(k)
	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)	e Execution Execution if any	emed iion Date, //Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Expirat (Month	ion Da		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Der Sec (Ins	rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercis	able	Expiration Date		or Number of Shares							

## **Explanation of Responses:**

- 1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$9.11 to \$9.28. 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 sold at each separate price within the range set forth in this footnote
- 2. Includes 1,604 shares acquired under the Phathom Pharmaceuticals, Inc. employee stock purchase plan in January 2024

Molly Henderson, Attorneyin-Fact for Terrie Curran

03/26/2024

\*\* 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.