SEC For	m 4 FORM	4	UNITED) STA	TES	s se	ECU	IRITI	ES A		E	ХСНА	NG	E CO	оммі	SSION				
									ngton,						OMB APPROVAL		/AL			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).						suant	to Sec	ction 16(a	a) of th	ne Sec	uritie	EFICI		OMB Number: Estimated aver hours per resp			verage burder	3235-0287 0.5		
1. Name and Address of Reporting Person [*] Socks David A								e and Tic Pharm				ymbol [<u>nc.</u> [P]	(Ch	Relationship eck all applie	cable)	Reporting Person(s) to Iss ble) 10% O				
(Last)					3. Date of Earliest Transaction (Month/Day/Year) 05/23/2024											Officer below)	(give title		Other (s below)	pecify
C/O PHATHOM PHARMACEUTICALS, INC. 100 CAMPUS DRIVE, SUITE 102					4. If Amendment, Date of Original Filed (Month/Day/Year)											6. Individual or Joint/Group Filing (Check Applicable .ine) X Form filed by One Reporting Person				
	LORHAM NI 07932															Form filed by More than One Reporting Person				ting
PAK (City)						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.														
		Tah	le I - Nor	-Doriy		-	-										1			
Table I - Non-Deriv. 1. Title of Security (Instr. 3) 2. Transc. Date (Month/E				action	n 2 l ear) i	2A. Deemed Execution Date, if any (Month/Day/Year)), 3. Co	3. Transaction Code (Instr.		4. Securities Acquired (A, Disposed Of (D) (Instr. 3, 5)		(A) or	5. Amou Securitie Benefici Owned F	nt of es ally Following	Form (D) o	n: Direct r Indirect I Instr. 4) (7. Nature of Indirect Beneficial Ownership		
									Ca	ode	v	Amount		(A) or (D)	Price	Reporter Transact (Instr. 3	tion(s)		'	instr. 4)
Common Stock 05.				05/2	3/202	24				Α		10,500)(1)	Α	\$ <mark>0</mark>	19	,500		D	
Common Stock																1,21	1,211,346		I	David A. Socks Family Trust
Common Stock																409.73				By 401(k)
		-	Table II -									osed of, onvertil				Owned				
1. Title of Derivative Security (Instr. 3)	2. 3. Transaction 3A. Deemed Execution Date			4. Transa Code (8)	action	5. N of Deri Sec Acq (A) o Disp of (E	umber vative urities uired	6. Dat Expir	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		, Amount s Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	cisable		xpiration ate	Title		Amount or Number of Shares					
Stock Option (Right to Buy)	\$10.3	05/23/2024			А			17,500	((2)	0:	5/22/2034		nmon ock	17,500	\$0	17,50	0	D	

Explanation of Responses:

1. The Restricted Stock Units ("RSUs") were granted on May 23, 2024, pursuant to the Issuer's Non-Employee Director Compensation Program. 100% of the total number of RSUs granted shall vest on the first to occur of (A) the first anniversary of the date of grant or (B) the next occurring annual meeting of the Issuer's stockholders, subject to the Reporting Person's continuing service on the Board through such vesting date. Each RSU represents a contingent right to receive one share of common stock of the Issuer.

2. The option was granted pursuant to the Issuer's Non-Employee Director Compensation Program. The option shall vest and/or become exercisable on the first to occur of (A) the first anniversary of the date of grant or (B) the next occurring annual meeting of the Issuer's stockholders, subject to Reporting Person's continuing in service on the Board through such vesting date.

/s/ Molly Henderson, Attorney-	05/24/2024
in-Fact for David A. Socks	03/24/2024

** 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.