FORM	4
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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

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Time of Type Response)										
1. Name and Address of Dunne Michael W.	2. Issuer Name and Ticker or Trading Symbol Iterum Therapeutics plc [ITRM]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) C/O ITERUM THE 3, HARCOURT CE		LC, BLK 2, FL.	3. Date of Earliest Transaction (Month/Day/Year) 02/15/2019					X Officer (give title below) 0 Chief Scientific O	ther (specify bel fficer	ow)	
DUBLIN, L2 2		4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year) 2A. Deemed Execution Date, if (Month/Day/Year) (Month/Day/Year)					of (D)	Transaction(s) (Instr. 3 and 4)	Ownership Form:	Beneficial Ownership	
				Code	V	Amount	(D)	Price		(Instr. 4)	

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

Persons who respond to the collection of information SEC 1474 (9-02) contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Number 6. Da		6. Date Exercisable and		7. Title and		8. Price of	9. Number of	10.	11. Nature
Derivativ	e Conversion	Date	Execution Date, if	Transact	Transaction of		Expiration Date		Amount of		Derivative	Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code	ode Derivative		(Month/Day/Year)		Underlying		Security	Securities	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8))	Securities				Securities		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Acquired	cquired		(Instr. 3 and 4)				2	(Instr. 4)	
	Security					(A) or						0	Direct (D)		
						Dispose	lof					1	or Indirect		
						(D)		.					Transaction(s)	· /	
						· · · ·	(Instr. 3, 4,					(Instr. 4)	(Instr. 4)		
						and 5)	ind 5)								
											Amount				
								Date	Expiration		or				
								Exercisable			Number				
				Code	v	(A)	(D)				of Shares				
				Coue	v	(A)	(D)				Shares				
Stock															
Option	\$ 5.8	02/15/2019		А		85,000		(1)	02/14/2029	Ordinary	85 000	\$ 0	85,000	D	
(Right to	\$ 5.8	02/15/2019		n		05,000			02/17/2029	Shares	05,000	ψŪ	05,000	D	
Buy)															

Reporting Owners

	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
Dunne Michael W. C/O ITERUM THERAPEUTICS PLC, BLK 2 FL. 3, HARCOURT CENTRE, HARCOURT ST. DUBLIN, L2 2			Chief Scientific Officer						

Signatures

/s/ Michael W. Dunne	02/18/2019	
**Signature of Reporting Person	Date	

Explanation of Responses:

- * 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).
- The shares subject to this option shall vest at a rate of twenty-five percent of the total number of shares on the one-year anniversary of February 15, 2019 (the "Vesting (1) Commencement Date") and 1/48th of the total number of shares each monthly anniversary of the Vesting Commencement Date thereafter for so long as the Reporting Person provides continuous service to the Issuer, such that the total number of shares shall be fully vested on the four-year anniversary of the Vesting Commencement Date.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.