## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APP	ROVAL
OMB Number:	3235-0287
Estimated average	burden
houre per reenone	0.5

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

#### 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

1 Nama and	Responses)														
1. Name and Address of Reporting Person* Chin Mark  (Last) (First) (Middle) C/O ITERUM THERAPEUTICS PLC, BLK 2, FL. 3, HARCOURT CENTRE, HARCOURT ST.			2. Issuer Name and Ticker or Trading Symbol Iterum Therapeutics plc [ITRM]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)X_ Director 10% Owner						
			LC, BLK	3. Date of Earliest Transaction (Month/Day/Year) 06/13/2019						_	Officer (give title below) Other (specify below)				w)
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 PersonForm filed by More than One Reporting Person					
(City)		(State)	(State) (Zip)			Table I - Non-Derivative Securities Acqu					d, Dispose	d of, or Ben	eficially Ow	ned	
1.Title of Sec (Instr. 3)	curity	1	2. Transaction Date Month/Day/Year)	2A. Deeme Execution I any (Month/Day	Date, if	3. Trans Code Instr. 8	)	(A) or I	Disposed 3, 4 and 5 (A) or (D)	Own Tra		,	ed	Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership Instr. 4)
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				Derivative S			conta form	ined in display posed o	n this for ys a curr	m are not ently vali	t required d OMB co	of inform I to respor ontrol num	nd unless th		474 (9-02)
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,	e.g., puts, c  4. Transact Code	5. Notion of Deri Secu Acquarta (A) of Disp of (I	rants, eumber vative rities uired or osed o) r. 3, 4,	conta form of ired, Dis- potions, of 6. Date and Exp	ined in display posed o convert Exercis	n this for ys a current, or Ben tible secu sable Date	m are not ently vali	t required d OMB co wned d Amount /ing	to respond ontrol num 8. Price of	nd unless th	f 10. Ownersh Form of Derivativ Security: Direct (E or Indirec	11. Natur of Indirec Beneficia e Ownershi (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, any	e.g., puts, c  4. Transact Code	salls, war  5. N of Deri Secu Acq (A) Disp of (I (Inst	rants, cumber umber vative urities uired or osed O) r. 3, 4,	conta form of ired, Dis- ptions, of 6. Date and Exj (Month	ined indisplay posed oconvert Exercis biration /Day/Yo	n this for ys a current, or Ben tible secu sable Date	rm are not rently valideficially Orities)  7. Title and of Underly Securities	t required d OMB co wned d Amount /ing	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	f 10. Ownersh Form of Derivativ Security: Direct (E or Indirects)	11. Natur of Indirec Beneficia e Ownershi (Instr. 4)

#### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Chin Mark C/O ITERUM THERAPEUTICS PLC, BLK 2 FL. 3, HARCOURT CENTRE, HARCOURT ST. DUBLIN, L2 2	X					

#### **Signatures**

/s/ Mark Chin	06/17/2019
**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).
- (1) Each restricted stock unit ("RSU") represents the contingent right to receive one ordinary share upon vesting of the RSU.
- Subject to the reporting person providing continuous service to the Issuer and the other terms and conditions of the Issuer's 2018 Equity Incentive Plan, the RSUs shall vest on June 13, 2020.

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.