FORM 4

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

OMB APPR	OVAL
OMB Number:	3235-0287
Estimated average	burden
hours per response	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

(Print or Type Responses) 1. Name and Address of Reporting Person * Hecht Beth			2. Issuer Name and Ticker or Trading Symbol Iterum Therapeutics plc [ITRM]					5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner						
(Last) (First) (Middle) C/O ITERUM THERAPEUTICS PLC, BLK 2, FL. 3, HARCOURT CENTRE, HARCOURT ST.			3. Date of Earliest Transaction (Month/Day/Year) 03/18/2021							Officer (g	ive title below)	Oth	er (specify belo	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 Person Form filed by More than One Reporting Person						
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu					es Acqui	ired, Disposed of, or Beneficially Owned						
1.Title of Sec (Instr. 3)	curity	1	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Da	Date, if	Code (Instr		(A)	ecurities Acc or Disposed tr. 3, 4 and 5	of (D)	5. Amount of Owned Follo Transaction(s Instr. 3 and 4	wing Report)	ed 0	Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership Instr. 4)
Reminder: Re									•		e collection				474 (9-02)
			Table II -	Derivative (Securiti	ies Acc	fo	ontaine orm disp	d in this fo	rm are n rently va	ot required alid OMB c	l to respor	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/Yea	3A. Deemed Execution Date,	(e.g., puts, c 4. Transac Code	salls, wa 5.1 tion of De See Ac (A Dis of (In	arrant Numb	quired s, optioner 6. and (M.	ontained orm disp I, Dispose	d in this for blays a curred of, or Ben vertible secuercisable tion Date	rm are n rently va neficially prities)	oot required alid OMB cooned and Amount rlying es	I to respor	od unless thuber. 9. Number o	f 10. Ownersh Form of Derivativ Security: Direct (E or Indirec	11. Natu of Indire Benefici Ownersh (Instr. 4)
1. Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, any	(e.g., puts, c 4. Transac Code	tion of Dee See Ace (A Discording and	Numberivative curities equired of or sposed (D) astr. 3, d 5)	quired s, option of the control of t	ontained orm disposed ons, conv Date Exe and Expirat Month/Day	ed of, or Benvertible securicisable tion Date y/Year)	rm are n rently va neficially urities) 7. Title of Unde Securitie (Instr. 3	oot required alid OMB cooned and Amount rlying es	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(f 10. Ownersh Form of Derivativ Security: Direct (E or Indirects)	11. Natu of Indire Benefici Ownersh (Instr. 4)

Reporting Owners

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

Signatures

/s/ Beth P. Hecht	03/19/2021
***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 share unit ("RSU") represents the contingent right to receive one ordinary share upon vesting of the RSU.
- (2) Subject to the reporting person providing continuous service to the Issuer and the other terms and conditions of the Issuer's 2018 Amended and Restated Equity Incentive Plan, the RSUs shall vest on March 18, 2022.

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.