FORM 4

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

OMB APPRO	VAL
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nours 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 Ty	pe Response	es)												
1. Name and Address of Reporting Person * Dunne Michael W.				2. Issuer Name and Ticker or Trading Symbol Iterum Therapeutics plc [ITRM]					5. F	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title below) Other (specify below) Chief Scientific Officer				
(Last) (First) (Middle) C/O ITERUM THERAPEUTICS PLC, BLK 2, FL. 3, HARCOURT CENTRE, HARCOURT ST.				3. Date of Earliest Transaction (Month/Day/Year) 05/24/2018					X					
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)					_X_	6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
DUBLIN										rorm med by	More than One	Reporting Person		
(City	(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu					ired, Disposed of, or Beneficially Owned				
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)			Code (Instr.	4. Securities Acq (A) or Disposed of (Instr. 3, 4 and 5)		of (D) Owned Follo Transaction(s		/		Ownership of Form:	7. Nature of Indirect Beneficial Ownership	
				(World)	oay/ 1 car)	Coc	le V A	mount (A) or (D)	Price	or Indirect (I)		r Indirect (I		
Reminder:							contair	s who resported in this for		required			е	, ,
Tellimaer.							contain form d uired, Disp		ently valides	required d OMB c			е	
1. Title of	Conversion	3. Transaction Date (Month/Day/Year	3A. Deemed Execution Date, if	4. Transact	tion of Deri's Secu Acqu (A) (C) Disp (D) (Inst	rrants, imber vative rities nired or osed of	contain form d uired, Dispositions, co 6. Date Ex Expiration (Month/D	ned in this for splays a curr osed of, or Ben nvertible secur ercisable and Date	ently valides	t required d OMB cowned	8. Price of Derivative Security (Instr. 5)		10. Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficia Ownersh (Instr. 4)
1. Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if	4. Transact	5. Notion of Derice Security (A) (C) Disp	rrants, nmber vative rities nired or ossed of	contain form d uired, Disproptions, cc 6. Date Ex Expiration (Month/D) Date Exercisab	ed in this for splays a curr osed of, or Ben overtible securion and Date ay/Year)	rently validesis of the second value of the se	t required d OMB cowned	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	Ownership Form of Derivative Security: Direct (D) or Indirect	of Indirect Beneficia Ownersh (Instr. 4)

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 Dunne	05/29/2018
**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 May 24, 2018 (the "Vesting Commencement (1) 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.