FORM 4

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

OIVIB APPROVAL						
OMB Number:	3235-0287					
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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).

(Print or Type Responses)

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. Name and Puttagunta	Address of Reporting Person* 2. Issuer Name and Ticker or Trading Symbol Iterum Therapeutics plc [ITRM]					5.	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
	UM THEF	(First) RAPEUTICS M COURT, FL. 1	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 12/10/2021					X_Officer (give title below) Other (specify below) Chief Medical Officer						
DUBLIN	2, L2	(Street)		4. If An	nendi	ment, Date (Origin	al Filed(Montl	h/Day/Year)		Individual or Jo _ Form filed by One _ Form filed by Mor	Reporting Pers	son	cable Line)	
(City)	(State)	(Zip)			Т	able l	I - Non-Deri	vative Securition	es Acquire	d, Disposed of,	or Benefic	ially Owned		
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye		Execution Date, if any (Month/Day/Year) Code (Instruction of the control of th		ode	(A) (II	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			wnership of orm: Be	eneficial wnership			
icimindo. I	oport on a se	parate line for each o		I - Deriv	vativo	e Securities	Acqu	Persons this form currently	who respond n are not requ y valid OMB c sed of, or Benef evertible securi	ired to re control nu icially Ow	spond unless mber.			SEC 14'	74 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	*****	3A. Deemed Execution Date, if any (Month/Day/Year)	Code		5. Number of Derivative Securities Acquired (A Disposed of (Instr. 3, 4, 5)	A) or (D)	Expiration	ate Exercisable and 7. Title ration Date Underly				9. Number of Derivative Securities Beneficially Owned Following Reported	Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficial
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)	(I) (Instr. 4)	
Share Option (Right to Buy)	\$ 0.48	12/10/2021		A		1,800,000)	(1)	12/09/2031	Ordinar Shares	' 11 XOO OOO	\$ 0	1,800,000	D	

Reporting Owners

			Relationships					
	Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
C F	uttagunta Sailaja /O ITERUM THERAPEUTICS PLC ITZWILLIAM COURT, FL. 1, LEESON CLOSE IUBLIN 2, L2			Chief Medical Officer				

Signatures

/s/ Sailaja Puttagunta	12/14/2021
**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) The shares underlying this option shall vest at a rate of twenty-five percent of the total number of shares on the one-year anniversary of December 1, 2021 and the remaining 75% will vest in equal monthly installments thereafter until December 1, 2025, subject to the Reporting Person providing continuous service to the Issuer on each relevant vesting date.
- (2) Each restricted share 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 on each relevant vesting date and the other terms and conditions of the Issuer's 2021 Inducement Equity Incentive Plan, (3) the RSUs shall vest over four years with 25% of the RSUs vesting on each one-year anniversary of December 1, 2021, such that the total number of RSUs shall be fully vested by December 1, 2025

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

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.