FORM D Notice of Exempt Offering of Securities	UNITED STATES SECURITIE AND EXCHANGE COMMISSIO Washington, D.C.		OMB APPROVAL OMB Number: 3235-0076 Expires: August 31, 2015 Estimated Average burden hours per response: 4.0
1. Issuer's Ident	ity		
CIK (Filer ID Number)	Previous Name(s) 🔽 None	Entity	Туре
0001659323		O _C	orporation
Name of Issuer		O I	Limited Partnership
Iterum Therapeutics Ltd		O _I	Limited Liability Company
Jurisdiction of Incorporation/Organizatio	n	0	General Partnership
IRELAND		O I	Business Trust
Year of Incorporation/C	Drganization	• o	
O Over Five Years Ago			other mpany organized under the
• Within Last Five Year (Specify Year)	s 2015		of Ireland.
C Vet to D. Franced			

• Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer			
Iterum Therapeutics Ltd			
Street Address 1		Street Address 2	
25-28 NORTH WALL QUAY			
City	State/Province/Country	ZIP/Postal Code	Phone No. of Issuer
DUBLIN	IRELAND	D01 H104	(872) 225-6077

3. Related Persons

Last Name	First Name		Middle	Name
Fishman	Corey		N.	
Street Address 1		Street Address 2	-	
c/o Iterum Therapeutics Limited		25-28 North Wa	ll Quay	
City	State/Province/Cou	ountry ZIP/Postal Code		tal Code
Dublin	IRELAND		D01 H	104
Relationship: 🔽 Execut	ive Officer	Director		Promoter
Clarification of Response (if Necessary	y)			<u> </u>
<u>.</u>				
Last Name	First Name		Middle	Name
Heron			J.	
Street Address 1		Street Address 2		
c/o Iterum Therapeutics Limited		25-28 North Wa	ll Quay	
City	State/Province/Cou	ntry	ZIP/Pos	tal Code

	IRELAN	D	D01 H104	
Relationship:	Executive Officer	Directo	r Promoter	
Clarification of Respons	se (if Necessary)			
Last Name	First Name	e	Middle Name	
Hunt	Ronald		<u>M.</u>	
Street Address 1		Street Addr	ess 2	
c/o Iterum Therapeu	itics Limited	25-28 Nor	th Wall Quay	
City	State/Prov	ince/Country	ZIP/Postal Code	
Dublin	IRELAN	D	D01 H104	
		1		
Relationship:	Executive Officer	Directo	r 🔽 Promoter	
Clarification of Respons	se (if Necessary)			
Last Name	First Name	e	Middle Name	
Ahrens	Brenton		K.	
Street Address 1		Street Addr	ess 2	
c/o Iterum Therapeu	itics Limited	25-28 Nort	th Wall Quay	
City	State/Prov	ince/Country	ZIP/Postal Code	
Dutit				
Dublin	IRELAN	D	D01 H104	
		D	D01 H104	
Dublin Relationship:	Executive Officer	Directo		
Relationship:	Executive Officer	1		
<u> </u>	Executive Officer	1		
Relationship:	Executive Officer	1		
Relationship:	Executive Officer	1		
Relationship: Clarification of Respons	Executive Officer	Directo		
Relationship: Clarification of Respons	Executive Officer	Directo	r Promoter	
Relationship: Clarification of Respons	Executive Officer ie (if Necessary) First Name	Directo	r Promoter Middle Name I.	
Relationship: Clarification of Respons	Executive Officer ie (if Necessary) First Name	e Street Addr	r Promoter Middle Name I.	
Relationship: Clarification of Respons Last Name Healy Street Address 1	Executive Officer (if Necessary) First Nam James Itics Limited	e Street Addr	r Promoter Middle Name I. ess 2	
Relationship: Clarification of Respons Last Name Healy Street Address 1 c/o Iterum Therapeu	Executive Officer (if Necessary) First Nam James Itics Limited	e Street Addr 25-28 Norr ince/Country	r Promoter Middle Name II. ess 2 th Wall Quay	
Relationship: Clarification of Respons Last Name Healy Street Address 1 c/o Iterum Therapeu City	Executive Officer ie (if Necessary) First Name James Itics Limited State/Prov	e Street Addr 25-28 Norr ince/Country	r Promoter Middle Name I. ess 2 th Wall Quay ZIP/Postal Code	
Relationship: Clarification of Respons Last Name Healy Street Address 1 c/o Iterum Therapeu City	Executive Officer ie (if Necessary) First Name James Itics Limited State/Prov	e Street Addr 25-28 Norr ince/Country	r Promoter Middle Name I. ess 2 th Wall Quay ZIP/Postal Code D01 H104	
Relationship: Clarification of Respons	Executive Officer First Name First Name First Name Executive Officer Executive Officer Executive Officer	e Street Addr 25-28 Norr ince/Country D	r Promoter Middle Name I. ess 2 th Wall Quay ZIP/Postal Code D01 H104	
Relationship: Clarification of Respons Last Name Healy Street Address 1 c/o Iterum Therapeu City Dublin	Executive Officer First Name First Name First Name Executive Officer Executive Officer Executive Officer	e Street Addr 25-28 Norr ince/Country D	r Promoter Middle Name I. ess 2 th Wall Quay ZIP/Postal Code D01 H104	
Relationship: Clarification of Respons	Executive Officer First Name First Name First Name Executive Officer Executive Officer Executive Officer	e Street Addr 25-28 Norr ince/Country D	r Promoter Middle Name I. ess 2 th Wall Quay ZIP/Postal Code D01 H104	
Relationship: Clarification of Respons	Executive Officer First Name First Name First Name Executive Officer Executive Officer Executive Officer	e Street Addr 25-28 Norr ince/Country D	r Promoter Middle Name I. ess 2 th Wall Quay ZIP/Postal Code D01 H104	
Relationship: Clarification of Respons	Executive Officer First Name First Name First Name Executive Officer Executive Officer Executive Officer	e Street Addr ince/Country D Directo	r Promoter Middle Name I. ess 2 th Wall Quay ZIP/Postal Code D01 H104	
Relationship: Clarification of Respons	Executive Officer First Nam First Nam Itics Limited State/Prov RELAN Executive Officer First Nam	e Street Addr ince/Country D Directo	r Promoter Middle Name I. ess 2 th Wall Quay ZIP/Postal Code D01 H104 r Promoter	
Relationship: Clarification of Respons Clarification of Respons Last Name Healy Street Address 1 c/o Iterum Therapeu City Dublin Relationship: Clarification of Respons Last Name Last Name Edick	Executive Officer ie (if Necessary) First Nam James Itics Limited State/Prov IRELAN Executive Officer ie (if Necessary) First Nam	e Street Addr ince/Country D Directo	r Promoter Middle Name I. ess 2 th Wall Quay ZIP/Postal Code D01 H104 r Promoter Middle Name Middle Name	
Relationship: Clarification of Respons Clarification of Respons Last Name Healy Street Address 1 c/o Iterum Therapeu City Dublin Relationship: Clarification of Respons Last Name	Executive Officer ie (if Necessary) First Nam Itics Limited Executive Officer ie (if Necessary) First Nam First Nam First Nam Paul	e Street Addr Directo	r Promoter Middle Name I. ess 2 th Wall Quay ZIP/Postal Code D01 H104 r Promoter Middle Name Middle Name	

Dublin		IRELAND		D01 H104	
Relationship:	Execut	ive Officer	Director	Promoter	
Clarification of Respons	e (if Necessary	7)			
Last Name		First Name		Middle Name	
Dunne		Michael		W.	
Street Address 1			Street Address	2	
c/o Iterum Therapeu	tics Limited		25-28 North V	Wall Quay	
City		State/Province/	Country	ZIP/Postal Code	
Dublin		IRELAND		D01 H104	
Relationship:	Executi	ive Officer	Director	Promoter	
Clarification of Respons	e (if Necessary	<i>i</i>)			
Last Name		First Name		Middle Name	
Matthews		Judith		M.	
Street Address 1			Street Address	2	
c/o Iterum Therapeu	itics Limited		25-28 North V	Wall Quay	
City		State/Province/	Country	ZIP/Postal Code	
Dublin]	IRELAND		D01 H104	
L		<u> </u>			
Relationship:	Executi	ive Officer	Director	Promoter	
Clarification of Respons	Gf Nogossow	r)			
Clarification of Respons	e (II Necessary)			
<u> </u>					
Last Name		First Name		Middle Name	
Kelly		David		I.	
Street Address 1			Street Address		
c/o Iterum Therapeu	itics Limited		25-28 North V		
City		State/Province/	<u></u>	ZIP/Postal Code]
Dublin]	IRELAND		D01 H104	
		<u></u>			
Relationship:	Executi	ive Officer	Director	Promoter]
<u> </u>	- * +		Birector		
Clarification of Respons	e (if Necessary	r)			
<u> </u>					
Last Name		First Name		Middle Name	
Chin		Mark			
·		5			
Street Address 1		1	Street Address		1
Street Address 1	tics Limited		Street Address		

Dublin IRELAND					D01 H104		
Relationship:	Execut	ive Officer		Director		Promoter	
Clarification of Response	(if Necessary	7)		_		· · · · ·	
Last Name		First Name			Middle	Name	
Saxton		Tracy					
Street Address 1				Street Address 2			
c/o Iterum Therapeut	ics Limited			25-28 North Wa	ll Quay		
City		State/Province/	Coun	try	ZIP/Pos	stal Code	
Dublin		IRELAND			D01 H	104	
Relationship:	Execut	ive Officer	•	Director		Promoter	
Clarification of Response	(if Necessary	7)					
Last Name		First Name			Middle	Name	
Malik		Shahzad					
Street Address 1				Street Address 2	-		
c/o Iterum Therapeut	ics Limited			25-28 North Wa	ll Quay		
City State/Province		State/Province/	Coun	try	ZIP/Pos	stal Code	
Dublin IRELAND				D01 H104			
Relationship:	Execut	ive Officer	2	Director		Promoter	
Clarification of Response	(if Necessary	7)					

4. Industry Group

C Agriculture

Banking & Financial Services

- C Commercial Banking
- **C** Insurance
- C Investing
- C Investment Banking
- C Pooled Investment Fund
- Other Banking & Financial C Services

C Business Services

Energy

- C Coal Mining
- C Electric Utilities
- C Energy Conservation
- C Environmental Services

Health Care

- Biotechnology
- C Health Insurance
- C Hospitals & Physicians
- C Pharmaceuticals
- C Other Health Care

C Manufacturing

Real Estate

- C Commercial
- C Construction
- C REITS & Finance
- C Residential
- C Other Real Estate

C Retailing

C Restaurants

Technology

- C Computers
- **C** Telecommunications
- C Other Technology

Travel

- C Airlines & Airports
- C Lodging & Conventions
- C Tourism & Travel Services
- C Other Travel

C Other

5. Issuer Size

Revenue Range

Aggregate Net Asset Value Range

C	No Revenues	C	No Aggregate Net Asset Value
C	\$1 - \$1,000,000	С	\$1 - \$5,000,000
С	\$1,000,001 - \$5,000,000	C	\$5,000,001 - \$25,000,000
С	\$5,000,001 - \$25,000,000	C	\$25,000,001 - \$50,000,000
С	\$25,000,001 - \$100,000,000	C	\$50,000,001 - \$100,000,000
С	Over \$100,000,000	C	Over \$100,000,000
\odot	Decline to Disclose	C	Decline to Disclose
\mathbf{C}	Not Applicable	С	Not Applicable

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply) Rule 504(b)(1) (not (i), (ii) Rule 505 or (iii)) Rule 504 (b)(1)(i) Rule 506(b) Г Rule 504 (b)(1)(ii) Rule 506(c) Г Rule 504 (b)(1)(iii) Securities Act Section 4(a)(5) Investment Company Act Section 3(c)

7.	Type of Fi	ling		
2	New Notice	Date of First Sale	2017-05-18	First Sale Yet to Occur
	Amendment			

8. Duration of Offering

Does the Issuer intend this offering to last more than one year?

C Yes © No

Pooled Investment Fund Interests	•	Equity
Tenant-in-Common Securities	\Box	Debt
Mineral Property Securities	Г	Option, Warrant or Other Right to Acquire Another Security
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security		Other (describe)

10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer? O Yes No

Clarification of Response (if Necessary)

11. Minimum Investment	
Minimum investment accepted from any outside sinvestor	USD
12. Sales Compensation	
Recipient	Recipient CRD Number 🔲 None
(Associated) Broker or Dealer 🔲 None	(Associated) Broker or Dealer CRD None
Street Address 1	Street Address 2
City St	ate/Province/Country ZIP/Postal Code
State(s) of Solicitation	All States

13. Offering and Sales Amounts

Total Offering Amount	\$	65524992	USD	Indefinite		
Total Amount Sold	\$	45867493	USD			
Total Remaining to be Sold	\$	19657499	USD	Indefinite		
Clarification of Response (if Necessary)						

14. Investors

offering

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, Number of such non-accredited investors who already have invested in the



Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

17		

15. Sales Commissions & Finders' Fees Expenses

Provide separately the amounts of sales commissions and finders' fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions \$	USD	Estimate						
Finders' Fees \$	USD	Estimate						
Clarification of Response (if Necessary)								

16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to

any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

	9	\$ 0	USD	Estimate
Clarification of Response (if Necessary)				
Signature and Submission				

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each Issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, the information furnished to offerees.
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the Issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against it in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Regulation D for one of the reasons stated in Rule 505(b)(2)(iii) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
Iterum Therapeutics Ltd	/s/ Corey Fishman	Corey Fishman	President	2017-06-01