FORM 4

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

OMB APPRO	OVAL
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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).

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 ar																
Name and Address of Reporting Person * Fishman Corey N.			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_Director 10% Owner						
(Last) (First) (Middle) C/O ITERUM THERAPEUTICS PLC, BLK 2, FL. 3, HARCOURT CENTRE, HARCOURT ST.			C, BLK 2, FL.	3. Date of Earliest Transaction (Month/Day/Year) 02/15/2019							X Officer (give title below) Other (specify below) President & CEO					
(Street) DUBLIN, L2 2			4	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					
(Cit	<u> </u>	(State)	(Zip)	Table I - Non-Derivative Securities Acqu				s Acquir	uired, Disposed of, or Beneficially Owned							
1. Title of Security 2. Transaction Date (Month/Day/Year		2A. Deemed 3. Tran Execution Date, if Code		saction 4. Securities Acqu (A) or Disposed o		uired 5. Amount of Sof (D) Owned Follow		Securities Beneficially ving Reported		6. 7 Ownership o Form: E	Beneficial Ownership					
							Code	e V	Amount	. /	Price				Instr. 4)	
Reminder:	Report on a	separate line for eac	h class of securities	beneficia	ally o	owned di	rectly	or indirec	tly.							
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1. Title of	Conversion		3A. Deemed Execution Date, if	4. Transact	s, ca	ecurities Ils, warr 5. Numb	Acquants, eer of ees d (A) sed	Perso conta form o	ined in the displays cosed of, convertible exercisable on Date	this forms a current, or Beneble secur	m are n ently va eficially ities)	oot required alid OMB co Owned and Amount erlying ies	to respond ntrol num	d unless the oer. 9. Number o	f 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transact	s, ca	ecurities Ills, warr 5. Numb Derivativ Securitie Acquirec or Dispo of (D) (Instr. 3,	Acquants, eer of ees d (A) sed	Perso conta form o ired, Disp options, o 6. Date E Expiratio	ined in the displays one of the o	this forms a current of the security of the se	eficially tities) 7. Title of Under Securities	oot required alid OMB co Owned and Amount erlying ies	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Reporting Owners

Donastina Commun Nama / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Fishman Corey N. C/O ITERUM THERAPEUTICS PLC, BLK 2 FL. 3, HARCOURT CENTRE, HARCOURT ST. DUBLIN, L2 2	X		President & CEO			

Signatures

/s/ Judith M. Matthews as attorney in fact	02/18/2019
**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).
- 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 February 15, 2019 (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.