FORM 4

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

OMB APPROVAL					
OMB Number:	3235-0287				
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nours per response	e 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 Kesponse	<i>(</i> 3)												
I. Name and Address of Reporting Person Dunne Michael W. (Last) (First) (Middle) C/O ITERUM THERAPEUTICS PLC, BLK 2, FL. 3, HARCOURT CENTRE, HARCOURT ST. (Street) DUBLIN, L2 2 (City) (State) (Zip)			Issuer Name and Ticker or Trading Symbol Iterum Therapeutics plc [ITRM] Date of Earliest Transaction (Month/Day/Year) 02/15/2019				5. 1	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
							X							
			4. If Amendment, Date Original Filed(Month/Day/Year)											
		(State)						ative Securitie						
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year		(.	(A) or Disposed of		Amount of Securities Benefici wned Following Reported ransaction(s) nstr. 3 and 4)		ed O	orm: of	7. Nature of Indirect Beneficial Ownership
						Coo	le V A	(A) or (D)	Price	or Indirect (I))	nstr. 4)	
								ed in this for					е	
Title of Derivative		3. Transaction	3A. Deemed	<i>e.g.</i> , puts.	calls, w		contain form duired, Disp options, co	splays a currespect of, or Ben nvertible securerisable and	rently vali eficially O rities) 7. Title a	wned	8. Price of	9. Number of	10.	
	Conversion		3A. Deemed Execution Date, if	4. Transac Code	scalls, was stated of the state	umber vative rities uired or osed of	contain form d uired, Disp options, co 6. Date E: Expiration (Month/D	splays a curressed of, or Ben nvertible securercisable and Date	ently vali eficially O rities)	wned	8. Price of	nber.	10. Ownership Form of Derivative Security: Direct (D) or Indirect	(Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if	4. Transac Code	5. Notion of Derice Acquire (A) Disp (D)	umber vative urities uired or osed of r. 3, 4,	contain form d uired, Disp options, cc 6. Date Ex Expiration (Month/D) Date Exercisab	splays a currossed of, or Bennvertible securercisable and Date ay/Year)	eficially Orities) 7. Title and Amount of Underlying Securities	wned	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 Ownershi (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 W. Dunne	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 (1) Commencement 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.