FORM	4
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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).

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

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SEC 1474 (9-02)

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 of Type Responses)												
1. Name and Address of Reporting Per Chin Mark	2. Issuer Name ar Iterum Therape			0,	bol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) (First) C/O ITERUM THERAPEUTIC 2, FL. 3, HARCOURT CENTR HARCOURT ST.	3. Date of Earliest 07/28/2020	Transactio	n (Mo	onth/Day/	Year)	Officer (give title below)	Other (specify b	elow)				
(Street) DUBLIN, L2 2	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person					
(City) (State)	(Zip)	Tal	Table I - Non-Derivative Securities Acquired, I						red, Disposed of, or Beneficially Owned			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if	Code (Instr. 8)	v	(A) or Disposed of (D)		of (D)	Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Beneficial Ownership		
Ordinary Shares	07/28/2020		J <u>(1)</u>		11,857	D	(1)	0	D			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.		5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	m	Numb	ber	and Expiration	on Date	Amou	int of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of		(Month/Day	/Year)	Under	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	ative			Secur	ities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				1	Secur	ities			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security					Acqui	ired			4)			0	Direct (D)	
						(A) 01							1	or Indirect	
						Dispo							Transaction(s)	· /	
						of (D)							(Instr. 4)	(Instr. 4)	
						(Instr	· · · ·								
					•	4, and	15)								
											Amount				
								Date	Expiration		or				
								Exercisable	1	Title	Number				
								Exercisable	Date		of				
				Code	V	(A)	(D)				Shares				

Reporting Owners

	Relationships						
Reporting Owner Name / Address		10% Owner	Officer	Other			
Chin Mark C/O ITERUM THERAPEUTICS PLC, BLK 2 FL. 3, HARCOURT CENTRE, HARCOURT ST. DUBLIN, L2 2	Х						

Signatures

/s/ Mark Chin	03/03/2021
**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).

Shares were transferred to Arix Bioscience Holdings Limited for no consideration. The reporting person had previously held the position of investment director for Arix Bioscience plc ("Arix"), the sole owner and parent of Arix Bioscience Holdings Limited, and had been appointed to the board of the issuer by Arix Bioscience Holdings
 (1) Limited pursuant to a contractual right it held at that time. Pursuant to an agreement between the reporting person and Arix, following his resignation from Arix, any shares held by the reporting person or received by him from the issuer from the vesting and/or exercise of equity compensation were required to be transferred to Arix Bioscience Holdings Limited.

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.