# FORM 4

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

OMB APPR	ROVAL
OMB Number:	3235-0287
Estimated average	e burden
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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

(Print or Ty	pe Response	es)																	
1. Name and Address of Reporting Person * Edick Paul R					2. Issuer Name and Ticker or Trading Symbol Iterum Therapeutics plc [ITRM]								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.					3. Date of Earliest Transaction (Month/Day/Year) 08/23/2018							-	X_ Director10% Owner Officer (give title below) Other (specify below)				_		
(Street) DUBLIN, L2 2													6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City		(State)	(Zip)		Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned														
1.Title of Security (Instr. 3)		Date (Month/Day/Year) a		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr. 8)		ion	(A) or Disposed of ((Instr. 3, 4 and 5)			D)			Following	Ownership Form: Direct (D)	of Indirect Beneficia	Beneficial Ownership	
							Cod	le	V	Amount	or (D)	Pri	ice				(I) (Instr. 4)		
Ordinary	Shares		08/23/2018				P			500	A	\$ 10.4	1374	25,236			D		
Reminder: indirectly.	Report on a	separate line	e for each class of	f securities	s beneficia	ally	owned		Per con	sons wh	n this	form	n are	not req	uired to re	nformation espond un ntrol numb	less	EC 1474 (9	(9- )2)
			Table	II - Deriv										y Owned	l				
1. Title of Derivative Security (Instr. 3)  Price of Derivative Security		3. Transaction Date Secution Date Exercise (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)			4. Transac Code	4. 5. Number of Code Derivative			and Expiration Date (Month/Day/Year)  A U Si (I 4)			7. Tit Amou Unde Secur (Instr 4)	itle and 8. Price of		Derivative Securities	Owners Form o Derivat Security Direct ( or Indir	hip of Ind Benefitive Owner (Instr.	Beneficial Ownership (Instr. 4)	

### **Reporting Owners**

Describer Occurs Name / Address	Relationships					
Reporting Owner Name / Address		10% Owner	Officer	Other		
Edick Paul R C/O ITERUM THERAPEUTICS PLC, BLK 2 FL. 3, HARCOURT CENTRE, HARCOURT ST. DUBLIN, L2 2	X					

## **Signatures**

/s/ Paul Edick	08/27/2018
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).

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 nu	mber.