Instruction 1(b).

longer subject to

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

OMB APF	PROVAL
MAD NII	0005

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Section 16. Form 4 or Form 5 obligations may continue. See

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	s)														
Name and Address of Reporting Person * Kelly David George				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,, FITZWILLIAM COURT, FL. 1, LEESON CLOSE				3. Date of Earliest Transaction (Month/Day/Year) 06/15/2022							Officer (give	title below)	Other	(specify below)	
(Street) DUBLIN 2, L2			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		(State)	(Zip)			Ta	ble I	- Non-Dei	rivative S	Securitie	es Acquire	ed, Disposed o	of, or Benef	icially Owned	1	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea		2A. Deemed Execution Date, any (Month/Day/Yea		ate, if Co	Tranode nstr.	8)	4. Securities Acqu (A) or Disposed o (Instr. 3, 4 and 5) (A) or Amount (D)		of (D) Ov Tr	5. Amount of Securities Bene Owned Following Reported Transaction(s) (Instr. 3 and 4)		(H I (Ownership orm:	Beneficial Ownership		
Reminder:	Report on a s	separate line for each	class of securities b	benenciai	ily ow	nea airec	tiy or	indirectly.								
Reminder:	Report on a s	eparate line for each		- Derivat	tive S	ecurities	Acqı	Person in this a curre	ns who iform arently val	e not re lid OME or Bene	equired to a control	o respond u number.		on containe form displa		474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion	3. Transaction	Table II 3A. Deemed Execution Date, if	- Derivat (e.g., pu 4. Transact Code	tive Souts, ca	ecurities alls, warr	Acquants, of control (A)	Person in this a curre	form arently values of, onvertible tercisable and the date	e not re lid OME or Bene le securi	equired to a control of the control	o respond unumber. wned Ind Amount lying	8. Price of		Ownersh Form of Derivativ Security: Direct (Dor Indirect)	11. Natur of Indirec Beneficia Ownershi (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II 3A. Deemed Execution Date, if any	- Derivat (e.g., pu 4. Transact Code	tive Souts, ca	ecurities alls, warr . Number Derivative Securities Acquired (or Dispose D) Instr. 3, 4 nd 5)	Acquants, of control (A)	Person in this a curred, Dispositions, c	ns who is form are the form are	re not re lid OME or Bene le securi	ficially Orities) 7. Title are of Underly Securities	o respond unumber. wned Ind Amount lying	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	Ownersh Form of Derivativ Security: Direct (Dor Indirect)	11. Natur of Indirec Beneficia Ownershi (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Kelly David George C/O ITERUM THERAPEUTICS PLC, FITZWILLIAM COURT, FL. 1, LEESON CLOSE DUBLIN 2, L2	X					

Signatures

/s/ David G. Kelly	06/17/2022
**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).
- Subject to the reporting person providing continuous service to the Issuer and the other terms and conditions of the Issuer's 2018 Amended and Restated 2018 Equity Incentive Plan, as amended, the shares subject to this option shall vest in full on June 15, 2023

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.