

CATABASIS PHARMACEUTICALS INC  
 Form 3  
 February 17, 2017

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person * Â Hibben Edward K. (Last) (First) (Middle)	2. Date of Event Requiring Statement (Month/Day/Year) 02/15/2017	3. Issuer Name and Ticker or Trading Symbol CATABASIS PHARMACEUTICALS INC [CATB]	4. Relationship of Reporting Person(s) to Issuer  (Check all applicable)  <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) Chief Business Officer	5. If Amendment, Date Original Filed(Month/Day/Year)
C/O CATABASIS PHARMACEUTICALS, INC., Â ONE KENDALL SQ, BLDG 1400E, STE B14202 (Street)				
CAMBRIDGE, Â MA Â 02139 (City) (State) (Zip)				
		6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person		

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Stock Option (right to buy)	Â (1)	04/29/2025	Common Stock	77,042	\$ 11.05	D	Â
Stock Option (right to buy)	Â (2)	02/10/2026	Common Stock	30,000	\$ 4.57	D	Â
Stock Option (right to buy)	Â (3)	09/07/2026	Common Stock	40,000	\$ 4.31	D	Â
Stock Option (right to buy)	Â (4)	02/08/2027	Common Stock	100,000	\$ 1.24	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Hibben Edward K. C/O CATABASIS PHARMACEUTICALS, INC. ONE KENDALL SQ, BLDG 1400E, STE B14202 CAMBRIDGE, MA 02139	Â	Â	Â Chief Business Officer	Â

## Signatures

Edward K. Hibben 02/17/2017

\_\_Signature of Reporting Person Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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).
- (1) This option is subject to vesting over a four year period, with 25% of the shares vesting on the first anniversary of April 15, 2015 and the remainder vesting over the ensuing three years at a rate of 2.0833% per month.
  - (2) This option is subject to vesting over a four year period, with 25% of the shares vesting on the first anniversary of February 11, 2016 and the remainder vesting over the ensuing three years at a rate of 2.0833% per month.
  - (3) This option is subject to vesting over a four year period, with 25% of the shares vesting on the first anniversary of September 8, 2016 and the remainder vesting over the ensuing three years at a rate of 2.0833% per month.
  - (4) This option is subject to vesting over a four year period, with 25% of the shares vesting on the first anniversary of February 9, 2017 and the remainder vesting over the ensuing three years at a rate of 2.0833% per month.

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.