

CATABASIS PHARMACEUTICALS INC

Form 3

February 17, 2017

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

OMB APPROVAL

OMB
Number: 3235-0104Expires: January 31,
2005Estimated average
burden hours per
response... 0.5**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 Issuer5. If Amendment, Date Original
Filed(Month/Day/Year)

(Check all applicable)

☐ Director ☐ 10% Owner☒ Officer ☐ Other

(give title below) (specify below)

Chief Business Officer

C/O CATABASIS
PHARMACEUTICALS,
INC.,Â ONE KENDALL SQ,
BLDG 1400E, STE B14202

(Street)

CAMBRIDGE,Â MAÂ 02139

(City)

(State)

(Zip)

6. Individual or Joint/Group
Filing(Check Applicable Line)
☒ Form filed by One Reporting
Person
☐ 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)Reminder: Report on a separate line for each class of securities beneficially
owned directly or indirectly.

SEC 1473 (7-02)

**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 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
Derivative5. 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.