FORM 4

obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
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Instruc	tion 1(b).			File	d pursuant	to Section 16(a	a) of th	าe Se	curitie	es Exchar	nae A	ct of 193	34					
	(-,					on 30(h) of the												
Name and Address of Reporting Person*     Or Yat Sun						2. Issuer Name and Ticker or Trading Symbol ENANTA PHARMACEUTICALS INC [ ENTA ]									cable) or (give title	ng Per	son(s) to Iss 10% Ov Other (s	wner
(Last) (First) (Middle) C/O ENANTA PHARMACEUTICALS, INC. 500 ARSENAL STREET						3. Date of Earliest Transaction (Month/Day/Year) 01/09/2016								x below)	hief Scie	ntific	below) Officer	
(Street) WATERT	FOWN I	MA State)	4. If Ame	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
		Т	able I - No	n-Deriv	ative Se	curities Ac	quir	ed,	Disp	osed o	of, o	r Ben	eficial	ly Owned	t			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		ransa ode (I )	ction nstr.	4. Securi Dispose 5)				Securiti Benefici	Amount of ecurities eneficially wned Following		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
								ode	v	Amount (A) or (D)		(A) or (D)	Price	Transac	Transaction(s) (Instr. 3 and 4)			(111511. 4)
			Table II -			urities Acq s, warrants		•			•		-	Owned				
1. Title of Derivative	2. Conversion	3. Transaction	3A. Deem Execution		4. Transaction	5. Number of						itle and		8. Price of Derivative	. Price of 9. Number		10. Ownership	11. Natur

## 5. Number 6. Date Exercisable and 7. Title and 3A. Deemed 8. Price of Transaction Code (Instr. **Execution Date Expiration Date** Amount of Derivative

(Month/Day/Year)

Derivative

Securities

		Security				(A) or Disposed of (D) (Instr. 3, 4 and 5)				(Instr. 3 ar	nd 4)		Following Reported Transaction(s) (Instr. 4)	(I) (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stoc Opti (right buy)	on it to	\$14	01/09/2016	A		3,478		01/09/2016	03/20/2023	Common Stock	3,478	\$0	3,478 <sup>(1)</sup>	D	

## **Explanation of Responses:**

or Exercise

Price of

1. On March 20, 2013, the reporting person was granted an option to purchase 41,763 shares of common stock, which does not become reportable on Form 4 until the option becomes exercisable. The option becomes exercisable in up to nine installments, six of which are installments of 8.33% of the shares and three of which are installments of 16.67% of the shares, based on ENTA's achievement of certain clinical milestones with respect to three or more programs that progress to clinical development. Previously, on January 10, 2014, a clinical milestone for one 8.33% installment was achieved, resulting in the vesting of the option as to 3,478 shares. On January 9, 2016, a clinical milestone for a second 8.33% installment was achieved, resulting in the vesting of the option as to an additional 3,478 shares.

## Remarks:

Security (Instr. 3)

/s/ Nathaniel S. Gardiner as attorney-in-fact

Securities

Underlying

01/11/2016

Date

Securities

Beneficially

Security

(Instr. 5)

11. Nature

of Indirect

Beneficial

Ownership

Direct (D)

Form:

\*\* Signature of Reporting Person

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

(Month/Day/Year)

8)

\* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

(Month/Day/Year)

\*\* 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.

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 Number.