FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* MELLETT PAUL J | | | | <u>EI</u> | 2. Issuer Name and Ticker or Trading Symbol ENANTA PHARMACEUTICALS INC [ENTA] | | | | | (Ch | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify) | | | | | |
|---|--|---------------------|---|--|---|-------|---------------------------|--|--------------------|--|--|--|--|---------------------------------|--|---------------------------------------|
| (Last) (First) (Middle) C/O ENANTA PHARMACEUTICALS, INC. 500 ARSENAL STREET | | | | 07. | 3. Date of Earliest Transaction (Month/Day/Year) 07/20/2016 | | | | | | Treasurer and CFO | | | | | |
| (Street) WATERTOWN MA 02472 (City) (State) (Zip) | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Lin | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | |
| Date | | | | ransaction e nth/Day/Ye | Execution Date, | | Code (Ins | str. 5) | | | Benefici Owned I Reporte Transac | es Forr ally (D) o Following (I) (II d tion(s) | | : Direct Indirect str. 4) | '. Nature of Indirect Beneficial Ownership Instr. 4) | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | se (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code | Transaction Code (Instr. | | tive ties ed sed | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Stock Option (right to buy) | \$14 | 07/20/2016 | | A | | 3,484 | | 07/20/2016 | 03/20/2023 | Common Stock | 3,484 | \$0 | 3,484 ⁽¹ . |) | D | |

Explanation of Responses:

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 in clinical development. Two other installments of the option shares have previously become exercisable.

Remarks:

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

07/22/2016

** Signature of Reporting Person

Date

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

- * 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.

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.