| SEC Form 4 | |
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FORM 4

Check this box if no longer subject to

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 | | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | | |

| Section 16. Form obligations may c Instruction 1(b). | | File | d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | Estimated aver hours per respo | 0 | 0.5 |
|--|---------|----------------------|---|-----------|--|-----------------------------------|---------------------------------------|-------|
| | | | 2. Issuer Name and Ticker or Trading Symbol ENANTA PHARMACEUTICALS INC [ENTA] 3. Date of Earliest Transaction (Month/Day/Year) 01/03/2014 | | all applicable Director Officer (giv below) | | 10% Owner Other (specify below) | y |
| 500 ARSENAL | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indivi | idual or Joint | Group Filing (C | Check Applicabl | le le |
| (Street) WATERTOWN | МА | 02472 | | Line) | Form filed | by One Reporti by More than O | ng Person | |
| (City) | (State) | (Zip) | | | | | | |
| | · | Table I - Non-Deriva | ative Securities Acquired, Disposed of, or Benefic | cially C | Owned | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | Securities | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---------------------------------|--|---|------------------------------|---|--|---------------|------------|---|---|----------|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) | | (1130.4) |
| Common Stock | 01/03/2014 | | М | | 121,837 | A | \$0.7327 | 201,828 | D | |
| Common Stock | 01/03/2014 | | М | | 7,250 | A | \$0.7327 | 209,078 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1 | | | | | | | | | | | | | | | |
|---|---|--|---|------------------------------|---|------------|---------|--|--------------------|---|-------------------------------------|---|--|--|--|
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | Derivative | | 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 of derivative Securities Beneficially Owned Following Reported | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | |
| Stock Option (right to buy) | \$0.7327 | 01/03/2014 | | М | | | 121,837 | (1) | 07/01/2014 | Common Stock | 121,837 | \$0 | 0 | D | |
| Stock Option (right to buy) | \$0.7327 | 01/03/2014 | | М | | | 7,250 | (1) | 12/23/2014 | Common Stock | 7,250 | \$0 | 0 | D | |

Explanation of Responses:

1. 100% of the shares subject to this option are fully vested and exercisable.

Remarks:

/s/ Yat Sun Or

01/13/2014

** Signature of Reporting Person

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

 \ast 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.

Date