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									
hours per response:	0.5								

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* Adda Nathalie (Last) (First) (Middle) C/O ENANTA PHARMACEUTICALS, INC. 500 ARSENAL STREET						Issuer Name and Ticker or Trading Symbol ENANTA PHARMACEUTICALS INC [ENTA] 3. Date of Earliest Transaction (Month/Day/Year) 10/08/2021								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title below) Sr. VP & Chief Medical Officer					
(Street) WATER	WATERTOWN MA 02472									ed (Month/Da		Line) X	·						
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transaction Date						2A. Deemed Execution Date,		d	3. Transaction		4. Securities Disposed Of	(A) or		5. Amou Securitie	es	6. Ownership Form: Direct (D) or Indirect		7. Nature of Indirect	
(N				(Month/Da	iy/Year)	if any (Month/Day/Year)		Code (Instr. 8)		Amount	(A) or (D) Price			Beneficially Owned Follow Reported Transaction(s) (Instr. 3 and 4)			str. 4)	Beneficial Ownership (Instr. 4)	
Common Stock			10/08/2	2021			M		13,453	Α	\$43	13.46),397		D			
Common Stock			10/08/2	2021				S ⁽¹⁾		13,453	D	\$70.0	091(2) 26		,944		D		
Common Stock 1				10/11/2	2021				M		4,047	A	\$43	43.46 30),991		D	
Common Stock 10/11/20			2021	21		S ⁽¹⁾		4,047	D	\$70.34	\$70.3448 ⁽³⁾		26,944		D				
		-	Table								posed of, , convertil				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	``	4. Transa Code (8)	Instr. Of Derivation Securing (A) or Dispo		umber vative urities uired or osed o) (Instr.	6. Date Exel Expiration I (Month/Day)		cisable and	7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		De Se	Price of Perivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	is lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amou or Numb of Share	ber					
Stock Option (Right to Buy)	\$43.46	10/08/2021			M			13,453	(4)	06/29/2025	Commo Stock	ⁿ 13,4	53	\$0	58,817	7	D	
Stock Option (Right to	\$43.46	10/11/2021			М			4,047	(4)	06/29/2025	Commo	n 4,04	47	\$0.0	54,770)	D	

Explanation of Responses:

- $1. \ The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person in May 2021.$
- $2. \ The price reported in Column \ 4 \ is \ a weighted-average price. These shares were sold in multiple transactions at prices ranging from \$70.00 \ to \$70.30, inclusive.$
- $3. \ The price reported in Column 4 is a weighted-average price. These shares were sold in multiple transactions at prices ranging from $70.05 to $70.85, inclusive.$
- 4. 100% of the shares subject to the option are fully vested and exercisable.

Remarks:

The reporting person undertakes to provide to Enanta Pharmaceuticals, Inc., any security holder of Enanta Pharmaceuticals, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnotes 2 and 3 above.

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

10/13/2021

** 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.