#### FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

vvasiiii	igion,	D.C.	20349	

OMB AF	PROVAL
OMB Number:	3235-028

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	n 30(h)	of the	Investment	Company	Act o	of 1940						
Name and Address of Reporting Person*  Russell Lesley.				2. Issuer Name and Ticker or Trading Symbol ENANTA PHARMACEUTICALS INC [								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Kussen	<u>LLESIEY</u>				EN	ITA								X Direct	or		10% O	wner
				-									Office below	Officer (give title		Other (specify below)		
(Last)	`	,	(Middle)		3. [	3. Date of Earliest Transaction (Month/Day/Year)								pelow	)		below)	
C/O ENA	ANTA PH	ARMACEUTICA	ALS, INC.	•	02/	/28/2	019		,		,							
500 ARS	SENAL ST	ΓREET			$\vdash$													
					_   4. I1	f Ame	ndment,	Date	of Original F	iled (Mont	th/Da	ıy/Year)	6. I Lin		Joint/Group	p Filin	g (Check Ap	plicable
(Street)													- 1	,	filed by On	e Rep	orting Perso	on
WATER	TOWN I	MA	02472												•		n One Repo	
-					-									Perso				9
(City)	(	State)	(Zip)															
		Tah	lo I No	a Doris	rative	. 50	ouritio	· ^	quired, D	icnoco	- d 0	f or Po	noficial	lly Owno	d			
			16 1 - 1401			_			<del>-</del>	_				_				
1. Title of	Security (In	str. 3)		2. Trans	saction	ction							5. Amo Securit				7. Nature of Indirect	
(Month/D					/Day/Ye	ay/Year)   if any   Code (Instr.   5 (Month/Day/Year)   8)				str. 5)				Benefic		(I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
												— Reported		", "				
								Code	/ Amo	Amount (A) or (D)			Transaction(s) (Instr. 3 and 4)					
		-	Cable II -	Doriva	tivo (	Sacı	ıritiac	۸۰۰	uired, Di	cnocod	οf	or Ron	eficially	, Owned		1		
		,							s, options					Ownea				
1 Title of	1	2 Transaction	3A. Deeme	<del></del>	4.		Т				_			8. Price of	9. Numbe	of	10.	11 Noture
1. Title of Derivative	2. Conversion		Execution	tion Date, Tr	Transaction				Expiration Date Amount			7. Title and Amount of	f	Derivative	derivative	e Own	Ownership	
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year)	if any (Month/Day/Y		Code ( 8)	Instr.	r. Derivative Securities					Securities Underlying		Security (Instr. 5)	Securities Beneficially		Form: Direct (D)	Beneficial Ownership
Derivative Security					-,		Acquired		Derivative Sec (Instr. 3 and 4			Security	(	Owned Following	1		(Instr. 4)	
						Disposed					iu 4)		Reported		(I) (INStr. 4)			
						of (D) (Instr. 3, 4							Transaction(s) (Instr. 4)					
														]	<u> </u>			
													Amount					
													or Number					
					Code	v	(A)	(D)	Date Exercisable	Expirati Date		Title	of Shares					
Stock											$\dashv$							
Option	\$102.54	02/28/2019			A		5,000		(1)	02/28/20	029	Common	5,000	\$0	5,000	)	D	
(right to												Stock	.,					

### **Explanation of Responses:**

1. Such option will become exercisable monthly in substantially equal installments over one year, beginning from the date of grant (February 28, 2019), with the final monthly installment vesting on the nearest trading day on the Nasdaq Global Select Market preceding the 2020 annual meeting of stockholders.

### Remarks:

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

03/01/2019

\*\* 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.