| SEC For | m 4 | | | | | | | | | | | | | | | | | |
|---|---|--|--|---|--|-------------|-------|--|------------|--|--|--|--|---|---|--|--|--|
| FORM 4 UNITED | | | | D STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | | | | OMB APPROVAL | | |
| Section obligat | this box if no lo 16. Form 4 or ions may contir tion 1(b). | | ursuan | t to Sectio | n 16(a | a) of the S | ecuri | NEFICI ties Exchan | SHIP | HIP OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 | | | | | | | | |
| 1. Name and Address of Reporting Person* MELLETT PAUL J (Last) (First) (Middle) | | | | | 2. Issuer Name and Ticker or Trading Symbol ENANTA PHARMACEUTICALS INC [ENTA] 3. Date of Earliest Transaction (Month/Day/Year) 11/22/2023 | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) Sr. VP, Finance & Admin. & CFO | | | | mer pecify | |
| C/O ENANTA PHARMACEUTICALS, INC. 500 ARSENAL STREET (Street) WATERTOWN MA 02472 | | | | | | | | | | | | | | lividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) (State) (Zip) Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | to | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| Date | | | | . Transact ate Month/Day | Execution Date | | | , Transaction I Code (Instr. 5 | | n Disposed | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | 5. Amour Securitie Beneficia Owned F Reported | s Form Ily (D) c ollowing (I) (II | | Direct Indirect Istr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | Code V Amo | | t (A) or Price | | Transact (Instr. 3 a | ion(s) | | ľ | | |
| 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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Dat if any (Month/Day/Ye | Code (Ins | | | | 6. Date Exercisable Expiration Date (Month/Day/Year) | | te | d 7. Title and Amoun 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 Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Cod | e V | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Stock Option (right to buy) | \$8.99 | 11/22/2023 | | А | | 83,000 | | (1) | | 11/22/2033 | Common Stock | 83,000 | \$0.00 | 83,000 | , | D | | |

Explanation of Responses:

1. Such option will become exercisable (subject to the optionholder's continued employment) quarterly in substantially equal installments (any fractional shares to be cumulated and to become exercisable at the end of the earliest succeeding quarterly period in which a whole share equivalent is accumulated) over four years from the date of grant (November 22, 2023).

| <u>/s/ Nathaniel S. Gardiner as</u> attorney-in-fact | <u>11/22/2023</u> | | | |
|---|-------------------|--|--|--|
| ** 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.