FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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

				U	Jectin	311 30(11)	Ji tilo	invesiment C	ompany 7 tot	01 10-10							
1. Name and Address of Reporting Person*  Davis Blaine					2. Issuer Name <b>and</b> Ticker or Trading Symbol ArTara Therapeutics, Inc. [ TARA ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Davis i	<u>Didille</u>						1	,				Directo		10% O			
				— <u> </u>	_						:	X Officer below)	(give title	Other (: below)	specify		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 02/11/2020							Chief Financial Officer				
C/O ARTARA THERAPEUTICS, INC.						02/11/2020							mer i manei	ur Officer			
1 LITTLE WEST 12TH STREET																	
					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)												•	iled by One R	eporting Perso	n		
NEW YO	ORK N	Y	10014										,	nan One Repo			
												Persor		ian One Repo	rung		
(City)	(S	tate)	(Zip)														
		Tah	ole I - Non-I	)erivativ	e Se	curities	. Δc	auired D	snosed o	of or Re	neficial	v Owned					
					_				<del>-</del>					o	7. Natura		
1. Title of Security (Instr. 3) 2. Transac Date						2A. Deemo Execution					ed (A) or tr. 3, 4 and	and Securities		Form: Direct	7. Nature of Indirect Beneficial Ownership		
(Month/Da				Month/Day/Y	ay/Year)   if any (Month/Day/Yea			Code (Instr.   5) ar)   8)				Beneficia Owned F					
						•	•	<u> </u>		(A) (I	Т.	Reported Transact	d [ ]		(Instr. 4)		
								Code V	Amount	(A) oi (D)	Price	(Instr. 3	and 4)				
		-	Table II - De	erivative	Secu	urities	Aca	uired. Dis	posed of.	or Ben	eficially	Owned					
								, options,									
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Numb	oer	6. Date Exer	isable and	7. Title an	d Amount	8. Price of	9. Number of	10.	11. Nature		
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year		ansaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr.		Expiration Date (Month/Day/Year)  of Securities Underlying Derivative Se (Instr. 3 and 4				Derivative Security	derivative Securities	Ownership Form:	of Indirect Beneficial			
(Instr. 3)	Price of									Security	(Instr. 5)	Beneficially	Direct (D)	Ownership			
	Derivative Security									nd 4)		Owned Following	or Indirect	(Instr. 4)			
												Reported Transaction(s)	1				
						3, 4 and 5)							(Instr. 4)	"			
											Amount						
											or Number						
				Code	l <sub>v</sub>	(A)	(D)	Date Exercisable	Expiration Date	Title	of Shares						
Stock				Joue	†	(*)	(5)			1.100	5110103	<u> </u>					
Option	\$37.3	02/11/2020		A		94,000		(1)	02/10/2030	Common	94,000	\$0.00	94,000	D			
(Right to Buy)	\$57.5	02/11/2020		'`		] 34,000			02/10/2000	Stock	34,000	\$0.00	34,000				

## **Explanation of Responses:**

1. 25% of the shares subject to the option vesting upon Mr. Davis's completion of one year of service measured from the grant date and the balance of the shares vesting monthly thereafter for the next three

## Remarks:

/s/ Jesse Shefferman, Attorneyin-fact

02/11/2020

\*\* 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.