FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

washington, D.O. Zo	

OMB APPROVAL

OMB Number: Estimated average burden

Check this box if no longer subject to Section 16. Form 4 or Form 5

Kolchinsky Peter

20 PARK PLAZA, SUITE 1200

(First) C/O RA CAPITAL MANAGEMENT, LLC

MA

(State)

02116

(Zip)

(Last)

(Street) **BOSTON**

(City)

obligati لــ	ions may contin tion 1(b).			File							rities Exchanç Company Act (1934			hour	s per r	esponse:	0.5
		Reporting Person*	<u>NT, I</u>	LC	2.	Issue	r Name a	nd Tic	ker or T	radin	g Symbol				ationship k all app Direc			. ,	lssuer Owner
		rst) (MANAGEMEN' UITE 1200	Middle)		01	l/11/2	2016			`	h/Day/Year) ed (Month/Da	av/Vear)		6 Ind	belov	er (give title v) r Joint/Grou		belov	,
Street)	N M.	Α (02116		- -		enament,	Dute	or ong.		ea (Monavec	y rour		Line)	Form	n filed by Or n filed by Mo	ne Re	porting Per	son
(City)	(St		Zip)		<u></u>							, -							
. Title of S	Security (Inst		le I - N	2. Transact Date (Month/Day	tion	2A. Exe	Deemed	ate,	3. Transa Code (1 8)	ction	4. Securities Disposed Of	Acquired	d (A) or		5. Amou Securiti Benefic Owned	unt of ies ially Following	Forn (D) o	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	ction(s)			(Instr. 4)
Common	Stock			01/11/2	2016				P		4,153	A	\$17.9	337	2,56	68,706		I	See Footnote ⁽¹⁾
Common Stock			01/12/2016				P		5,941	A	\$19.1	188	2,57	74,647		I	See Footnote ⁽¹⁾		
Common	Stock			01/13/2	2016				P		5,543	A	\$19.9	665	2,580	0,190(2)		I	See Footnote ⁽¹⁾
		Та	able II								oosed of, convertib				wned				
. Title of erivative ecurity nstr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	tion Date, Tran		saction (Instr			6. Date Exer Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr and 4)		Dei Sed (Ins	Price of rivative curity str. 5)		Owner Form: Direct or Ind (I) (Ins	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	· V	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amount or Number of Shares						
		Reporting Person* IANAGEME	<u>NT, I</u>	<u>LLC</u>															
	CAPITAL I	(First) MANAGEMEN UITE 1200	,	Middle)															
Street) BOSTON	1	MA	02	2116															
(City)		(State)	(Z	ip)															
Name ar	nd Address of	Reporting Person*																	

1. Name and Address of Reporting Person* RA Capital Healthcare Fund LP								
(Last)	(First)	(Middle)						
C/O RA CAPITAL MANAGEMENT, LLC								
20 PARK PLAZA, SUITE 1200								
(Street)			_					
BOSTON	MA	02116						
(City)	(State)	(Zip)						

Explanation of Responses:

1. RA Capital Management, LLC (the "Adviser") and Peter Kolchinsky disclaim beneficial ownership of the reported securities for purposes of Rule 16a-1(a)(1) under the Securities Exchange Act of 1934 (the "Exchange Act") in reliance on Rule 16a-1(a)(1)(v) and (vii), respectively, and, therefore, disclaim any obligation to report ownership of or transactions in the reported securities under Section 16a of the Exchange Act. The filling of this Form 4 shall not be construed as an admission that either the Adviser or Mr. Kolchinsky is or was, for purposes of Section 16 of the Exchange Act, the beneficial owner of any of the securities reported herein.

2. The reported securities are owned by RA Capital Healthcare Fund, L.P. (the "Fund") and an account owned by Blackwell Partners, LLC - Series A (the "Blackwell Account"). Following the reported transactions, the Fund held 2,160,014 shares and the Blackwell Account held 420,176 shares. The Adviser is the general partner of the Fund and the investment adviser of the Blackwell Account. Mr. Kolchinsky is the sole manager of the Adviser. In their respective capacities, each of Mr. Kolchinsky and the Adviser may be deemed to beneficially own the reported securities for purposes of Section 13(d) of the Exchange Act.

/s/ Peter Kolchinsky, Manager of RA Capital Management, LLC
/s/ Peter Kolchinsky, individually.
/s/ Peter Kolchinsky, Manager of RA Capital Management, LLC, the General Partner of RA Capital Healthcare Fund, L.P.

** 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.