FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

NGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* <u>Kulkarni Samarth</u>						2. Issuer Name and Ticker or Trading Symbol									S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
	,	APEUTICS, IN	(Middle) C.			3. Date of Earliest Transaction (Month/Day/Year) 06/17/2019									X Officer (give title below) Other (specify below) Chief Executive Officer					
(Street) CAMBRIDGE MA 02139 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)								G. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Tab	le I - Nor	n-Deriv	vativ	e Se	curit	ties Ac	quired,	Dis	posed o	of, or Bo	enefic	ially	Owned					
1. Title of Security (Instr. 3) 2. Transplate (Month/L					ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			4 and Securitie Beneficia Owned F		s ally following	Form (D) or	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
				Code	v			Amount	(A) or (D)		се	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)				
Common Shares 06/17						2019		М		20,00	0 A	\$	1.81	185,801			D			
Common Shares 06/17					L 7 /201	7/2019			S ⁽¹⁾		20,00	0 [\$	46 ⁽²⁾	165	5,801		D		
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 D if any (Month/Day/	Date,		ansaction ode (Instr.		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4)		Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amor or Numl of Share	ber						
Stock Option (Right to Buy)	\$1.81	06/17/2019			M			20,000	(3)	O	9/10/2025	Commor Shares	20,0	000	\$0.00	203,05	8	D		

Explanation of Responses:

- $1. \ The sales \ reported in this \ Form \ 4 \ were \ effected \ pursuant \ to \ a \ Rule \ 10b5-1 \ trading \ plan \ adopted \ by \ the \ reporting \ person.$
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$46.00 to \$46.045, inclusive. The reporting person undertakes to provide to the Issuer, any security holder of the Issuer, 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 range.
- 3. This option was granted on September 10, 2015 with respect to 321,712 Common Shares with 120,640 of the shares vested on August 1, 2016, the first anniversary of employment commencement, and the remainder vest in equal 36 monthly installments thereafter.

Remarks:

/s/ Michael Esposito, attorney-

06/19/2019

in-fact

** Signature of Reporting Person

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.