FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

gto, D.o. 200 .	•	

OMB APPRO	OVAL					
OMB Number:	3235-0287					
Estimated average burden						
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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

Date			2. Transaction	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (AD Disposed Of (D) (Instr. 3		d (A) or	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
(City)	(State)	(Zip)							Person		
(Street) CAMBRIDGE	MA	02139	4. 11 A	menument, Date of	Onginal Filed	(wondinDay)	icai)	Line)	Form filed by On	e Reporting Per	son
(Last) (First) (Middle) 500 TECHNOLOGY SQUARE, STE 700				mendment, Date of	`		6 Indi	Chief Scientific Officer  6. Individual or Joint/Group Filing (Check Applicable			
1. Name and Address of Reporting Person*  DECICCO CARL				uer Name <b>and</b> Ticken horn Therape	utics Inc.	[ FHTX ]		ationship of Reporti k all applicable) Director Officer (give title below)	10% (	Owner (specify	

Common	Stock		10/27	/2020				P	5,500	1	A \$1	6 25	58,397	D	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)														
1. Title of 2. 3. Transaction Darivative Conversion Security or Exercise (Month/Day/Year) if any		Execution Date,	4. Transaction Code (Instr. 8) S A (I) D o		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount 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)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Code

**Explanation of Responses:** 

Remarks:

By: /s/ Allan Reine, M.D., Attorney-in-Fact

(A) or (D)

Price

(Instr. 3 and 4)

Amount

10/29/2020

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).