| SEC | Form | 4 |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to |
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| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL OMB Number

| | hours per response: | 0.5 |
|---|-------------------------|-----------|
| | Estimated average burde | en |
| I | OND NUMBER. | 3235-0201 |

| | | | or bestion bo(ii) of the investment bompany rist or 1040 | | | | | | |
|---|-------------------------|------------|---|--|------------------------------------|-----------------------|--|--|--|
| 1. Nume and Address of Reporting Feison | | | 2. Issuer Name and Ticker or Trading Symbol Unum Therapeutics Inc. [UMRX] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| Ratcliffe Liam | | | | Х | Director | 10% Owner | | | |
| | | | | | Officer (give title | Other (specify below) | | | |
| (Last) | (Last) (First) (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 04/01/2019 | | below) | | | | |
| C/O UNUM THERAPEUTICS INC. | | | 04/01/2019 | | | | | | |
| 200 CAMBRIDGE PARK DRIVE, SUITE 3100 | | SUITE 3100 | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | |
| (Street) | | | | X | Form filed by One Reporting Person | | | | |
| CAMBRIDGE MA 02140 | | 02140 | | | Form filed by More than Person | One Reporting | | | |
| (City) | (State) | (Zip) | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities / Disposed Of (5) | | | 5. Amount of Securities Beneficially Owned Following | es Form: Direct (D) or Indirect Beneficia Following (I) (Instr. 4) (Instr. 4) | | |
|---------------------------------|--|---|------------------------------|---|--|---------------|-------|---|--|------------|--|
| | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | |

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 Date, if any (Month/Day/Year) | 4. Transa Code (8) | | Derivative | | 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 | 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 | | Transaction(s) (Instr. 4) | | |
| Stock Option (Right to Buy) | \$4.4 | 04/01/2019 | | A | | 4,829 ⁽¹⁾ | | (2) | 04/01/2029 | Common Stock | 4,829 | \$2.7185 | 4,829 | D | |

Explanation of Responses:

1. The option award was issued to the Reporting Person, who elected to take shares in lieu of cash compensation for services as a director, pursuant to the Issuer's non-employee director compensation plan. The number of options granted was determined by dividing the cash compensation otherwise payable with respect to the quarter by the Black-Scholes value of a single option calculated as of the date of the grant. 2. This option is fully vested at time of grant.

Remarks:

/s/ Amoli Pandya, as Attorneyin-Fact

Date

04/03/2019

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.

** Signature of Reporting Person