FORM 4

# **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

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

Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol Unum Therapeutics Inc. [ UMRX ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Booth Bruce					Onan Inclupedites inc. [ Oniox ]									X Direct	or	10% O	wner	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 07/26/2018								$\dashv$	Office below	(give title	Other ( below)	specify	
C/O UNUM THERAPEUTICS INC.																		
200 CAMBRIDGE PARK DRIVE, SUITE 3100						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable				
(0)														Line)  X Form filed by One Reporting Person				
(Street)	IDGE 1	MΔ	02140												,			
CAMBRIDGE MA 02140													Form filed by More than One Reporting Person					
(City)	(	State)	(Zip)															
		Tal	ole I - Non-	-Deriva	ative	Se	curities	Acc	quired, D	isp	osed of	f, or Ber	neficia	lly Owne	1			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disp Code (Instr. 5)		Disposed	rities Acquired (A) o ed Of (D) (Instr. 3, 4		Benefic Owned	es Forn ally (D) o Following (I) (Ir	) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	,	Amount	(A) or (D) Prio		Reporte Transac (Instr. 3	tion(s)		(Instr. 4)		
			Table II - D (e						ired, Dis					y Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversior or Exercise Price of Derivative Security	se (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	ite, Tra	4. Transaction Code (Instr. 8)				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)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Co	ode \	V	(A)	(D)	Date Exercisable		Expiration Date	Title	Amoun or Numbe of Shares		(Instr. 4)	5)		
Stock Option (Right to Buy)	\$14.57	07/26/2018			A		2,092 <sup>(1)</sup>		(2)	0	07/26/2028	Common Stock	2,092	\$8.72	2,092	D <sup>(3)</sup>		

### 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.
- 3. This option was granted to the Reporting Person, a director of the Issuer. The proceeds of any sale of shares of common stock issued to the Reporting Person upon exercise of this option will be transferred to Atlas Venture Advisors, LLC and therefore the Reporting Person disclaims beneficial ownership of such shares.

# Remarks:

/s/ Frank Castellucci, as Attorney-in-Fact 09/26/2018

\*\* 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.