FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

isnington, D.C. 20549		

OMB APPROVAL								
OMB Number:	3235-028							

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287	
	Estimated average burden		
	hours por rosponso:	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

							. ,				' '							
1. Name and Address of Reporting Person* PEREZ ROBERT J				2. Issuer Name <b>and</b> Ticker or Trading Symbol Unum Therapeutics Inc. [ UMRX ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
FEREL RODERT J									-	-			X Dir	ector		10% C	wner	
(Last) (First) (Middle) C/O UNUM THERAPEUTICS INC.						3. Date of Earliest Transaction (Month/Day/Year) 04/01/2019							$\dashv$		cer ( ow)	give title	Other ( below)	
	-																	
200 CAN	MBRIDG	E PARK DRIVE,	SUITE 310	00	4.1	If Ame	endment, D	ate of	f Original F	-iled	(Month/Day	y/Year)	6. Lir		or Jo	oint/Group Fili	ng (Check Ap	plicable
(Street)													["	,	m fil	ed by One Re	norting Perso	n
CAMBR	RIDGE	MA	02140													ed by More th		
															rson	ed by More th	ан Опе Керс	irting
(City)		(State)	(Zip)															
		Tal	ble I - Nor	ı-Deriv	/ativ	e Se	curities	Acc	quired,	Dis	posed o	f, or Ber	neficia	ly Owr	ed			
1. Title of Security (Instr. 3)  2. Trans. Date (Month/I			Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ties Acquired (A) I Of (D) (Instr. 3, 4		Secu Bend Own	5. Amount of Securities Beneficially Owned Following		Ownership rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price	Tran	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
			Table II - I								osed of, onvertib			Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversio or Exercis Price of Derivative Security	e (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	ate, T	ransaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable Expiration Date (Month/Day/Year)		е	and 7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)		8. Price Deriva Securii (Instr. !	ive y	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 Exercisab		Expiration Date	Title	Amoun or Numbe of Shares			Transaction(s (Instr. 4)		
Stock Option (Right to Buy)	\$4.4	04/01/2019			A		4,369 <sup>(1)</sup>		(2)		04/01/2029	Common Stock	4,369	\$2.71	35	4,369	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 04/03/2019

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.