## FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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hours per response:	0.5								

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>Ettenberg Seth</u>						2. Issuer Name and Ticker or Trading Symbol Unum Therapeutics Inc. [ UMRX ]									all applic	r 10% Owner			ner
	JM THERA	rst) APEUTICS INC PARK DRIVE, S				3. Date of Earliest Transaction (Month/Day/Year) 09/25/2018									Officer (give title below)  Chief Scientific Officer				
(Street)  CAMBRIDGE MA 02140  (City) (State) (Zip)					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								i. Indiv ine) X	vidual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
		Tab	le I - N	Non-Deri	ivativ	e Sec	urit	ties Ac	auire	d. D	isposed o	f. or B	eneficia	ally (	Owned				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/			tion	2A. Deemo Execution (fear)		. Deemed ecution Date,		ction Instr.	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			5. Amor Securiti Benefic Owned		nt of es ally -ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price		Reported Transact (Instr. 3	eported ansaction(s) nstr. 3 and 4)		[	(Instr. 4)	
Common Stock 09/25/201				2018	18			M		11,485	A	\$0.1	.18 1		,485		D		
Common Stock 09/25/20				2018	18			S <sup>(1)</sup>		11,485	D	\$12.46	4668(2)		0		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)	if any	emed ion Date, /Day/Year)	4. Transa Code ( 8)			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct ( or Indir (I) (Inst	Ownership	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amour or Number of Shares	er					
Stock Option (Right to	\$0.18	09/24/2018			М			11,485	(3	3)	01/28/2025	Commo Stock	<sup>n</sup> 11,48	15	\$0.00	386,57	0	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 \$12.11 to \$12.90, inclusive. The reporting person undertakes to provide to Unum Therapeutics Inc., any security holder of Unum Therapeutics Inc., 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 ranges set forth in this footnote.
- 3. 25% of the shares vests on September 3, 2015, and the remaining shares shall vest in 36 equal monthly installments thereafter, subject to the Reporting Persons continuous service with the Issuer.

#### Remarks:

/s/ Amoli Pandya, as Attorney-

09/26/2018

\*\* 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.