FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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>Fairmount Funds Management</u> <u>LLC</u> | 2. Date of Ex Requiring St (Month/Day/ 07/06/2020 | tatement Year) | 3. Issuer Name and Ticker or Trading Symbol Unum Therapeutics Inc. [UMRX] | | | | |
|--|--|--------------------|--|--|------------------------------------|--|---|
| (Last) (First) (Middle) 2001 MARKET STREET, SUITE 2500 (Street) PHILADELPHIA PA 19103 (City) (State) (Zip) | | | 4. Relationship of Reporting Issuer (Check all applicable) Director Officer (give title below) | ₹ 10% C | Owner 6. (Specify (C | Individual or Joheck Applicable Form filed Person | int/Group Filing e Line) by One Reporting by More than One |
| Table I - Non-Derivative Securities Beneficially Owned | | | | | | | |
| , , | | | 2. Amount of Securities Beneficially Owned (Instr. I) | 3. Owner Form: D (D) or In (I) (Insti | Direct Own | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | |
| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) | | 3. Title and Amount of S Underlying Derivative So (Instr. 4) | | 4. Conversion or Exercise | e Form: | 6. Nature of Indirect Beneficial Ownership (Instr. |
| | | Expiration Date | Title | Amount or Number of Shares | Price of Derivative Security | Direct (D) or Indirect (I) (Instr. 5) | 5) |

Explanation of Responses:

Remarks:

This Form 3 is filed jointly with Fairmount Healthcare Fund GP LLC and Fairmount Healthcare Fund II GP LLC.

No securities are beneficially owned.

/s/ Tomas Kiselak, Managing Member of Fairmount Funds Management LLC

07/08/2020

** Signature of Reporting

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 5 (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.