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 | | | | | | | | | | |

0.5

hours per response

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

| 1. Name and Address of Reporting Person* Nussbaum Ran | | | | | | 2. Issuer Name and Ticker or Trading Symbol UroGen Pharma Ltd. [URGN] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|--|--|------------|---------|--|---|--|--------|-----------------|---|-------|---|--|---|--|-------------------------------|--|---------------------------------------|--|--|
| (Last) (First) (Middle) 400 ALEXANDER PARK DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/21/2022 | | | | | | | | Officer (give title Other (specify below) below) | | | | | | |
| (Street) PRINCE | TON N. | J | 08540 | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 10/25/2022 | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (Si | tate) | (Zip) | | | | | | | | | | | 1 01001 | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | /Year) Execution Date, if any (Month/Day/Year) | | ution Date, | | ction Instr. | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 at 5) | | | nd Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | | |
| Ordinary Shares 10/21/2 | | | | | | 2022 | М | | 47,999 | A | \$5.94 | 4 1,485,1689 | | I | m er af w Pe M | anaging ember of titities filiated ith ontifax anagement I G.P. 011) Ltd | | | |
| | | - | Table I | l - Deriv | ative | Secu | rities | s Acq | uired | , Dis | posed of, | or Ben | eficial | lly Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | Title of 2. 3. Transaction 3A. Deemed 4. Execution Date Execution Date, Trustive or Exercise (Month/Day/Year) if any C | | | | 4. Transa | 5. Number of Derivative | | | 6, Options, convertil 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownersh Form: Direct (D or Indire (I) (Instr. | Beneficial Ownership (Instr. 4) | | |
| | | | | | | v | (A) | (D) | Date Exerci | sable | Expiration Date | Title | Amour or Number of Shares | er | | | | | |
| Stock Option (right to buy) | \$5.94 | 10/21/2022 | | | M | | | 32,723 | 12/27/ | /2018 | 12/27/2022 | Ordinary Shares | 32,72 | \$0 | | 0 | I | By Pontifax (Israel) III Limited Partnership | |
| Stock Option (right to buy) | \$5.94 | 10/21/2022 | | | M | | | 15,276 | 12/27/ | /2018 | 12/27/2022 | Ordinary Shares | 15,27 | \$0 | | 0 | I | By Pontifax Cayman III Limited Partnership | |

Explanation of Responses:

1. On October 25, 2022, the reporting person filed a Form 4 that inadvertently reported 1,481,927 shares of securities beneficially owned following reported transaction instead of 1,485,168 shares.

/s/ Jason D. Smith, Attorney-

02/28/2023

** Signature of Reporting Person

Date

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

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.

 $^{^{\}star}$ 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).