FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIA | L 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 * Schoenberg Mark | | | | 2. Issuer Name and Ticker or Trading Symbol UroGen Pharma Ltd. [URGN] | | | | | | | | | | eck all appli Directo | all applicable) Director | | Person(s) to Issuer 10% Owner Other (speci | | |
|---|-----|---|-----------------|---|---|--|--------------|--|-------------------|------------------|------------------|--------------------|---|---|--|---|--|------------|--|
| (Last) 400 ALE | ` | rst) (| Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 04/26/2020 | | | | | | | | | | Officer (give title below) Chief Medi | | below) | вреспу | |
| (Street) PRINCE (City) | | | 08540 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | dividual or Joint/Group Filing (Check Applicable) K Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | e I - Nor | n-Deriv | ative | Sec | uritie | s Ac | quired, | Dis | posed o | of, or E | ene | ficiall | y Owne | d | | | |
| 1. Title of Security (Instr. 3) | | Date | th/Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Instr. | | | | | A) or 3, 4 and | | es ially Following | Form | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or I | Price | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) | |
| Ordinary Shares | | | | 04/26 | 5/2020 | | | | M | | 208 | ı A | \ | (1) | 17,781 | | | D | |
| Ordinary Shares | | | 04/27 | 7/2020 | /2020 | | | S | | 70 ⁽² |) I |) | \$ 24.35 | 17 | 17,711 | | D | | |
| | | Ta | able II - I | | | | | | | | sed of | | | | Owned | | | | |
| Derivative Conversion Date Executive Security or Exercise (Month/Day/Year) if any | | 3A. Deemd Execution if any (Month/Da | Date, | Date, Transaction Code (Instr. | | n of | | 6. Date Exercisab Expiration Date (Month/Day/Year) | | Amount of | | curity | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | ly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | xpiration ate | Title | or Nu of | mber ares | | | | | |
| Restricted Stock | (1) | 04/26/2020 | | | М | | | 208 | (3) | | (3) | Ordinary Shares | . 2 | 208 | \$ 0.00 | 1,459 | | D | |

Explanation of Responses:

- 1. Each restricted stock unit ("RSU") represents a contingent right to receive one ordinary share of the Issuer.
- $2. \ Represents \ shares \ sold \ to \ satisfy \ withholding \ tax \ obligations \ upon \ the \ settlement \ of \ restricted \ stock \ units.$
- 3. The reporting person was granted restricted stock units ("RSUs") on January 26, 2019 representing 2,500 ordinary shares. 33.33% of the RSUs vested on January 26, 2020 and 8.33% of the remaining RSUs vest in equal quarterly installments thereafter.

Remarks:

/s/ Peter Pfreundschuh,

** Signature of Reporting Person

04/28/2020

Attorney-in-Fact

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.