FORM 4

obligations may continue. See

Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	205/19
vvasiiiiiqtuii,	D.C.	20349

STATEMENT	OF CHANGES II	N BENEFICIAL	OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden 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

Name and Address of Reporting Person* Schoenberg Mark					2. Issuer Name and Ticker or Trading Symbol <u>UroGen Pharma Ltd.</u> [URGN]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (spec				ner		
(Last) (First) (Middle) C/O UROGEN PHARMA LTD. 499 PARK AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 01/31/2020							X Officer (give title Officer Specify below) Chief Medical Officer					
(Street) NEW YOU CITY (City)	N'		10022 (Zip)	4.	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check A Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							ng Person					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
Date		Transaction te onth/Day/Y	Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5)			ed (A) or tr. 3, 4 and	5. Amour Securitie Beneficia Owned F Reported	s ally ollowing	Form: D	m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership				
							Code V	Amount	(A) or (D)	Price	Transact (Instr. 3 a	ion(s)	(Instr. 4)				
	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)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any		Code	ansaction of ode (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Amount of Securities Underlying Derivative Seci (Instr. 3 and 4)		of S Ig e Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly Di or (I)	o. wnership orm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares						
Stock options (right to buy)	\$29.41	01/31/2020		A		15,000		(1)	(1)	Ordinary Shares	15,000	\$0.00	15,000		D		
Restricted stock unit	(2)	01/31/2020		A		6,000		(3)	(3)	Ordinary Shares	6,000	\$0.00	6,000		D		

Explanation of Responses:

- 1. 1/3rd of the shares underlying the stock option vest on January 31, 2021 and 1/12th of the shares underlying the stock option vest in 8 quarterly installments thereafter, subject to the Reporting Person's continuous service with the Issuer on each respective vesting date.
- 2. Each restricted stock unit ("RSU") represents a contingent right to receive one ordinary share of the Issuer.
- 3. 1/3rd of the shares underlying the RSU vest on January 31, 2021 and 1/12th of the shares underlying the RSU vest in 8 quarterly installments thereafter, subject to the Reporting Person's continuous service with the Issuer on each respective vesting date.

Remarks:

/s/ Peter Pfreundschuh, Attorney-in-Fact 02/03/2020

** Signature of Reporting Person 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.