FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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*  Mullennix Stephen  (Last) (First) (Middle)  C/O UROGEN PHARMA LTD.  9 HA?TA?ASIYA STREET  (Street)  RA?ANANA L3 4365007					Susuer Name and Ticker or Trading Symbol     UroGen Pharma Ltd. [ URGN ]      Date of Earliest Transaction (Month/Day/Year)     01/26/2019  4. If Amendment, Date of Original Filed (Month/Day/Year)							6. In Line	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) Chief Operating Officer  6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(City) (State) (Zip)													Form filed by More than One Reporting Person					
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					ction 2A. Deemed Execution Date,			(0) 01			ed (A) or tr. 3, 4 and	5. Amour Securitie Beneficia Owned F Reported	nt of s ally following	Form	: Direct · Indirect I str. 4)	7. Nature of Indirect Beneficial Ownership (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)	Title of 2. 3. Transaction 2. A. Deemed 2. Conversion Date 2. Curity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8) 5. Nur Of Deriv. Secur Acqui (A) or Dispoo of (D)			Number 6. Date Exercise Expiration Date (Month/Day/Yea ecurities cquired		ate	able and 7. Title and Amount of		8. Price of Derivative Security (Instr. 5)			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				С	ode	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares						
Employee Stock Option (right to buy)	\$42.5	01/26/2019			A		15,000		(1)	01/26/2029	Ordinary Shares	15,000	\$0.00	15,000	0	D		
Restricted Stock Unit	(2)	01/26/2019			A		5,000		(3)	(3)	Ordinary Shares	5,000	\$0.00	5,000	)	D		

## Explanation of Responses:

- 1. 33.33% of the shares underlying the stock option will vest on January 26, 2020 and 12.5% of the remaining shares will vest in eight equal quarterly installments thereafter.
- $2. \ Each \ restricted \ stock \ unit \ ("RSU") \ represents \ a \ contingent \ right \ to \ receive \ one \ share \ of \ the \ Issuer's \ common \ stock.$
- $3.\,33.33\% \ of the \ RSUs \ will \ vest \ in \ eight \ equal \ quarterly \ installments \ the remaining \ RSUs \ will \ vest \ in \ eight \ equal \ quarterly \ installments \ the remaining \ RSUs \ will \ vest \ in \ eight \ equal \ quarterly \ installments \ the remaining \ RSUs \ will \ vest \ in \ eight \ equal \ quarterly \ installments \ the remaining \ RSUs \ will \ vest \ in \ eight \ equal \ quarterly \ installments \ the remaining \ RSUs \ will \ vest \ in \ eight \ equal \ quarterly \ installments \ the remaining \ RSUs \ will \ vest \ in \ eight \ equal \ quarterly \ installments \ equal \ quarterly \ installments \ eight \ equal \ quarterly \ installments \ equal \ quarterly \ equal$

## Remarks:

/s/ Peter Pfreundschuh, Attorney-in-Fact 01/29/2019

\*\* 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.