FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, [	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
hours per response:	0.5						

	tion 1(b).	nuc. See		Filed							ies Exchang mpany Act o		1934		nours	s per r	esponse:	0.5
Name and Address of Reporting Person*     Henderson Molly				2. Issuer Name and Ticker or Trading Symbol UroGen Pharma Ltd. [ URGN ]									Check all a Dir V Off	ector icer (give title	Ü	10% C	wner (specify	
(Last) (First) (Middle) C/O UROGEN PHARMA LTD. 400 ALEXANDER PARK DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 05/17/2021									A bel	below) below)  Chief Financial Officer				
(Street) PRINCE (City)			18540 Zip)		4. If A	Amend	ment,	Date o	f Origina	al File	d (Month/Da	y/Year)		ne) X Foi Foi	or Joint/Grou om filed by Or om filed by Mo orson	ie Re	porting Pers	son
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or Be	nefic	ally Ow	ned			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da			Exec y/Year) if any		. Deemed ecution Date, iny onth/Day/Year)		3. Transaction Code (Instr. 8)  4. Securitie Disposed (5)		es Acquired (A Of (D) (Instr. 3,		nd Secu Bene Own	Amount of ecurities eneficially wned Following eported		wnership m: Direct or Indirect instr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price	Tran	saction(s) r. 3 and 4)			(Instr. 4)	
Common	Stock			05/17/2	2021				P		2,500	A	\$15	5.85 2,500 D				
		Tal									osed of, convertib				ed			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)	4. Transa Code ( 8)		Str. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Expirat (Month)	ion Da /Day/Y		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price of Derivativ Security (Instr. 5)		ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

**Explanation of Responses:** 

Remarks:

/s/ Jason D. Smith, Attorney-

in-Fact

\*\* Signature of Reporting Person

Date

05/17/2021

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.