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								

	ction 1(b).	nuc. occ		Filed			Section 16(a) 30(h) of the Ir					L934			nours	per res	sponse:	0.5
1. Name and Address of Reporting Person* Barrett Elizabeth A.				2. Issuer Name and Ticker or Trading Symbol UroGen Pharma Ltd. [URGN]							Check	all app	licable) tor	ng Person(s) to Is		wner		
(Last) 400 ALE	,	rst) (I PARK DRIVE	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 12/14/2020							X	Officer (give title below) Chief Execution		Other (specification) utive Officer		эреспу	
(Street) PRINCE (City)			8540 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)							. Indivi ine) X	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Table	I - No	n-Deriva	ative S	ecui	rities Acq	uired,	Dis	posed of	, or Be	nefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)			Execution Date,		Transaction Disposed Of (I Code (Instr. 5)		es Acquired (A) Of (D) (Instr. 3,		s, 4 and Se Be Ov		5. Amount of Securities Beneficially Owned Following		Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v	Amount	(A) or (D)	Price	.	Reported Transaction(s) (Instr. 3 and 4)				(111301. 4)
Ordinary	Shares			12/14/	2020			P		10,000	A	\$18	3.5	229,117			D	
		Tal					ies Acqu varrants,							wne	d			
1. Title of Derivative Security (Instr. 3)	re Conversion Date Execution Date,		4. Transac Code (II 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	expiration Da (Month/Day/Yourities quired or posed D) ttr. 3, 4			Amount of		Deri Secu	rice of ivative urity Securities Beneficiall Owned Following Reported Transactio (Instr. 4)		y C	LO. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershij (Instr. 4)		

Date

Exercisable

(A) (D)

Explanation of Responses:

Remarks:

/s/ / Jason Smith, Attorney-in-

Amount Number

Shares

Fact

Title

Expiration

Date

** Signature of Reporting Person Date

12/15/2020

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.