FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

report to Section 16(a) of the Securities Exchange Act of 1024

OMB APPRC	VAL
OMB Number:	3235-0287
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Instruc	tion 1(b).			FIIE		ection 30(h) of th						34		<u> </u>			
1. Name and Address of Reporting Person* <u>PERCEPTIVE LIFE SCIENCES</u> MASTER FUND LTD					suer Name and iraGTx Hol]			Relationship heck all appl Direct	icable) or	3	(10% (Dwner	
(Last) 51 AST	``	irst) , 10TH FLOOR	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/01/2019						Officer (give title Other (specify below) below))		
(Street) NEW Y((City)			10003 (Zip)		4. If <i>A</i>	Amendment, Dat	e of Origii	nal File	ed (Month/I	Jay∕∖	Year)	6. I Lin	Form	filed by O filed by M	ne Rep	g (Check / oorting Pera n One Rep	son
		Tab	le I - No	on-Deriv	ative	Securities A	cquire	d, Di	sposed	of,	or Ber	eficia	lly Owne	d			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution Date,		Date, Transaction Disposed Of (D) (Instr. 3 Code (Instr.			and 5) Securities Beneficially Owned Followi		6. Ownership Form: Direct (D) or Indirect g (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount		(A) or (D)	Price	Reported (II Transaction(s) (Instr. 3 and 4)		(Instr. 4)		
Ordinary	Shares			03/01/2	2019		Р		1,304,3	48	A	\$13.8	3 6,00	7,746			See Footnote ⁽¹
		Т	able II			ecurities Ac alls, warran							/ Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deer Executio if any (Month/I	on Date,	4. Transaci Code (In 8)		6. Date Expirati (Month/	on Dat		Am Sec Un De	Title and nount of curities derlying rivative S str. 3 and		8. Price of Derivative Security (Instr. 5)	9. Numbe derivativ Securitie Beneficia Owned Followin Reported Transact (Instr. 4)	e s ally g	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficia Ownersh (Instr. 4)

						(Inst and !	r. 3, 4					(Instr. 4)			
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (right to buy)	\$5.63							01/10/2019	01/10/2028	Ordinary Shares	15,460	15,460	Ι	See footnote ⁽¹⁾	
1 Name and Address of Departing Person*															

1. Name and Address of Reporting Person*

NEW YORK NY

PERCEPTIVE LIFE SCIENCES MASTER FUND LTD

(Last)	(First)	(Middle)					
51 ASTOR PLACE, 10TH FLOOR							
(Street)							

10003

(Zip)

(City)	(State)	(Zip)
1. Name and Addres <u>PERCEPTIV</u>	ss of Reporting Person E ADVISORS	
(Last) 51 ASTOR PLA	(First) CE, 10TH FLOO	(Middle) DR
(Street) NEW YORK	NY	10003

1. Name and Address of Reporting Person^*

(State)

EDELMAN JOSEPH

(City)

(Last) 51 ASTOR PLA	(First) CE, 10TH FLOOR	(Middle)
(Street) NEW YORK	NY	10003
(City)	(State)	(Zip)

Explanation of Responses:

1. The securities are directly held by Perceptive Life Sciences Master Fund Ltd. (the "Master Fund"). Perceptive Advisors LLC (the "Advisor") serves as the investment manager of Master Fund. Joseph Edelman is the managing member of the Advisor. Each of Mr. Edelman and the Advisor disclaims, for purposes of Section 16 of the Securities Exchange Act of 1934, beneficial ownership of such securities, except to the extent of his/its indirect pecuniary interest therein, and this report shall not be deemed an admission that either Mr. Edelman or the Advisor is the beneficial owner of such securities for purposes of Section 16 or for any other purposes.

Remarks:

<u>/s/ Perceptive Life Sciences</u> <u>Master Fund Ltd., By:</u> <u>Perceptive Advisors LLC, its</u>	03/05/2019
<u>investment manager, By:</u> Joseph Edelman, its managing <u>member</u>	<u></u>
/s/ Perceptive Advisors LLC, By: Joseph Edelman, its managing member	<u>03/05/2019</u>
<u>/s/ Joseph Edelman</u> ** Signature of Reporting Person	<u>03/05/2019</u> 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.