FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

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Name and Address of Reporting Person*     A draw of a Mary of the Control of							2. Issuer Name <b>and</b> Ticker or Trading Symbol AILERON THERAPEUTICS INC [ ALRN ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
<u>Aivado Manuel</u>						1	ALICE TILLIAN DO FIGO INC [ ALICE ]										Direc	ctor		10% C	wner		
						-	O Date of Farling Transporting (Marth (Day (March									X Offic below				Other below)	(specify		
(Last) (First) (Middle)								3. Date of Earliest Transaction (Month/Day/Year) 06/06/2018									See Remarks						
C/O AILERON THERAPEUTICS, INC.							00/00/2010											occ I	cemano				
281 ALBANY STREET																							
ZOTTEDIANT STREET						4 If	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable						
(0)						-   "	4. If Amendment, Date of Original Filed (Month/Day/Teal)										Line)						
(Street)			_	0.400												X	Form	n filed by One	e Reportir	ng Pers	on		
CAMBR	IDGE	MA	. (	)2139													Form filed by More than One Reporting						
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(City)		(Sta	te) (	Zip)																			
							_						_	_									
			Tabl	e I - Nor	1-Deriv	<i>r</i> ative	Se	curitie	s Acc	quired,	Dis	posed o	of, or	Bene	eficia	ally C	Owne	ed					
1. Title of S	ecurity (I	nstr.	3)		2. Trans	saction				3. 4. Securities Acqui									6. Owne		7. Nature		
					Date (Month/	lDay/Ve:		Execution Date, if any			Transaction Dis		sposed Of (D) (Instr. 3, 4			4 and Secur Benef				Form: Direct (D) or Indirect	of Indirect Beneficial		
(world)						Dayrice		(Month/Day/Year)				3)				- 1	Owned Following (I			(I) (Instr. 4)	Ownership		
											1	1.		(A) or			Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
					Code	l۷	Amount		(D)	Price													
Common Stock 06/06/												1,000	)	A \$5		5.61 1,00		1,000	D				
			_		ve Securities Acquired, Disposed of, or Benefici												I						
			Та									sed of, onvertib				y Ow	ned						
1. Title of	2.	$\neg$	3. Transaction	3A. Deeme	4.		5. Number		6 Date F	sable and	7. Title and			8. Price of		9. Number o	of 10.		11. Nature				
Derivative	Conversi	on	Date (Month/Day/Year)	Execution		Transa	Transaction Code (Instr. 8)		on of I tr. Derivative ( Securities Acquired		Expiration Date (Month/Day/Year)			Amount of			ative	derivative	Own	Ownership Form: Direct (D) or Indirect	of Indirect		
Security (Instr. 3)	or Exerci Price of			if any (Month/Da										Securities Underlying		Security (Instr. 5)		Securities Beneficially			Beneficial Ownership		
(	Derivativ	e		(		",								Derivative			. ,	Owned	or In		(Instr. 4)		
Security								(A) or Disposed				Security (Instr. and 4)				Following Reported	(I) (Ir	(I) (Instr. 4)					
						of (D)			[**							Transaction	(s)	] ]					
							(Instr. 3, 4 and 5)										(Instr. 4)						
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														Amou or									
										Data		Evoluatio		Nun	nber								
						Code	v					Expiration Date	Title Sh		f Shares								

**Explanation of Responses:** 

## Remarks:

Senior Vice President, Chief Medical Officer

/s/ Donald Dougherty, attorney-in-fact for Manuel

06/08/2018

Date

<u>Aivado</u>

\*\* Signature of Reporting Person

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.