FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APP | ROVAL |
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| OMB Number: | 3235-0287 |
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| Check this box if no longer subject to |
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| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(h) |

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* <u>APPLE TREE PARTNERS II LP</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol AILERON THERAPEUTICS INC [ALRN] | | | | | | | | Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner | | | | | | |
|--|--|--------|---------|-----------|-----------------|---|---|---|----------------|--|------------------------------|---------------|--|---|---|---|---|-------------------|--|--|
| (Last) (First) (Middle) 230 PARK AVENUE, SUITE 2800 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/12/2018 | | | | | | | | | Office | er (give title w) | | Other (below) | (specify | |
| (Street) NEW YORK NY 10169 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - N | on-Deriv | ative | Sec | uritie | s Ac | quire | d, Di | sposed o | f, or B | enefic | ially | Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/N | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) of (D) (Instr. 3, 4) | | | | and 5) Secur Bene Owne | | icially d Following | Form | nership : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | | saction(s) c. 3 and 4) | | | (Instr. 4) | |
| Common Stock 06/12/20 | | | | | | 18 | | S | | 10,843 | D | \$5.40 | 4005 ⁽¹⁾ | | 502,677 |] | D ⁽²⁾ | | | |
| 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) | ative Conversion Date Execution Date, rity or Exercise (Month/Day/Year) if any | | | ion Date, | | ransaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | and t of ies /ing ive y (Instr. 3 | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exerci | sable | Expiration Date | Title | or Number of Shares | | | | | | | |

Explanation of Responses:

- 1. The transaction was executed in multiple trades at prices ranging from \$5.40 to \$5.435. The price above reflects the weighted average transaction price. Detailed information regarding the number of shares transacted at each separate price will be provided upon request by the Commission staff, the Issuer or a security holder of the Issuer.
- 2. Dr. Seth L. Harrison is the general partner of Apple Tree Ventures II, L.P., the general partner of Apple Tree Partners II, L.P., and Dr. Harrison disclaims beneficial ownership of the shares held by Apple Tree Partners II, L.P., except to the extent of his pecuniary interest therein. Dr. Harrison has sole voting and investment power over the shares held by Apple Tree Partners II, L.P.

Remarks:

/s/ Seth Harrison, General Partner of Apple Tree Ventures 06/14/2018 II, L.P., General Partner of Apple Tree Partners II, L.P.

** 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.