FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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0.5

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	Check this box if no longer subject to
١	Section 16. Form 4 or Form 5
J	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 ]										5. Relationship of 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) 04/17/2018										Office elow)	r (give title )	Other below		(specify		
Street) NEW YORK NY 10169  (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									e) <mark>X</mark> F	ividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person						
		Tabl	e I - No	on-Deriv	/ative	Sec	uritie	s Ac	quirec	d, Di	sposed o	f, or E	3ene	ficia	lly Ov	vne	d					
1. Title of Security (Instr. 3)  2. Transacting Date (Month/Day)					Execution (Year)			ition Date, Transaction						and 5) Sec Ber Ow		wned Following		nership Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
										v	Amount	(A) (D)	or P	Price		Reported Transaction(s) (Instr. 3 and 4)				(111501.4)		
Common Stock 04/17/20					2018	18			S		3,105	D		\$7.05		1,646,481		D <sup>(1)</sup>				
Common Stock 04/19/20						018					104,799	D \$6.2		6.293	93(2) 1,54		41,682	I	<b>)</b> <sup>(1)</sup>			
		Та	ıble II -								osed of, convertib				Own	ed						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transactio Code (Instr 8)				6. Date Exerci Expiration Dat (Month/Day/Ye		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		tr. 3	8. Price Derivati Security (Instr. 5	ive   (	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	vnership rm: rect (D) Indirect	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amo or Num of Shar	ber								

## **Explanation of Responses:**

- 1. 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.
- 2. The transaction was executed in multiple trades at prices ranging from \$6.25 to \$7.05. 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.

## Remarks:

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

04/19/2018

\*\* Signature of Reporting Person 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.