FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENI	EFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
Estimated average burden										
	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

							. ,				<u> </u>									
Name and Address of Reporting Person* Bailey Jeffrey Allen						2. Issuer Name and Ticker or Trading Symbol AILERON THERAPEUTICS INC [ALRN]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Dailey Jeilley Alleli															X	Direc	ctor	10%	Owner	
(Last) (First) (Middle) C/O AILERON THERAPEUTICS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 11/12/2019										Office below	er (give title w)	Othe belov	(specify v)	
490 ARSENAL WAY, SUITE 210						4. If Amendment, Date of Original Filed (Month/Day/Year)								6	6. Individual or Joint/Group Filing (Check Applicable					
,					1	(Monanest, Sate of Original Field (Monanesty) (Car)									Line)					
(Street)															X Form filed by One Reporting Person					
WATERTOWN MA 02472															Form filed by More than One Reporting Person					
(City)		(State)	(Zip)																	
		Tal	ole I - No	n-Deriv	ative	Sec	curitie	s Acc	uired,	Dis	posed o	f, oı	r Ben	efici	ally	Owne	ed		,	
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execution Dat		n Date,	3. Transaction Code (Instr. 8)						4 and Se Be Ov		ount of ties cially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										v	Amount		(A) or (D)	Price	•	Reported Transaction(s) (Instr. 3 and 4)			(11150.4)	
Common Stock 11/12/					2/2019				P		19,89	4 A \$		\$0.	.53	53 19,894		D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Security or Exercise (Month/Day/Year) if any				Transa	ransaction Code (Instr.		of E		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			ivative urity tr. 5)	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)		Date Exercisa		Expiration Date	Title	or Nur of	ount nber ıres						

Explanation of Responses:

Remarks:

<u>/s/ Jeffrey A. Bailey</u>

11/14/2019

** 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.