FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL										
	OMB Number: 3235-0287 Estimated average burden										
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     DiRocco Derek					2. Issuer Name <b>and</b> Ticker or Trading Symbol 89bio, Inc. [ ETNB ]								heck al		cable)	g Pers	son(s) to Is:		
(Last) C/O 89B	IO, INC.		(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/22/2020									Officer below)	(give title		Other ( below)	specify	
(Street) SAN FRANCI		REET, 2ND FLO	94104	4.	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)	(Si	tate) (	(Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date				Transaction te onth/Day/Ye	Execution Date,		Code (Instr. 5)		ed (A) or str. 3, 4 an	4 and Securiti Benefic		ies Feially (E Following (I)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) o (D)	r Price	Tr	eported ansaction(s) nstr. 3 and 4)				(Instr. 4)	
	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code				6. Date Exercisable Expiration Date (Month/Day/Year)			e and 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		Deriv Secu	B. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e ( s   llly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares							
Stock Option (Right to Buy)	\$24.29	06/22/2020		A		7,000		(1)	00	5/22/2030	Common Stock	7,000	\$0	.00	7,000		I	See footnote <sup>(2)</sup>	

## **Explanation of Responses:**

- 1. This option represents a right to purchase a total of 7,000 shares of the Issuer's Common Stock, which will vest in full on June 22, 2021, subject to the Reporting Person's continued service to the Issuer
- 2. Under the Reporting Person's arrangement with RA Capital Management, L.P. (the "Adviser"), the Reporting Person holds the option for the benefit of the RA Capital Healthcare Fund, L.P. (the "Fund"), RA Capital Nexus Fund, L.P. (the "Nexus Fund") and a separately managed account (the "Account"). The Reporting Person is obligated to turn over to the Adviser any net cash or stock received from the option, which will offset advisory fees owed by the Fund, the Nexus Fund and the Account to the Adviser. The Reporting Person therefore disclaims beneficial ownership of the option and underlying common stock.

## Remarks:

/s/ Ryan A. Murr, as attorneyin-fact for Derek DiRocco

07/14/2020

\*\* 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.