FORM 3

200 BERKELEY STREET, 18TH FLOOR

MA

(State)

02116

(Zip)

(Street) **BOSTON** 

(City)

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL OMB Number: Estimated average burden er response: 0.5

				0200111120			hours pe	er response: 0.5
				tion 16(a) of the Securities Exchannon of the Investment Company Act				
	of Reporting Person*  MANAGEMENT,	2. Date of E Requiring S' (Month/Day, 11/08/201	vent tatement 'Year)	3. Issuer Name and Ticker or 89bio, Inc. [ ETNB ]				
,	rst) (Middle)	_		Relationship of Reporting F     (Check all applicable)     X Director	Person(s) to Issue	(M	If Amendment, D onth/Day/Year)	ate of Original Filed
200 BERKELEY	STREET, 18TH FLOOR	_		Officer (give title below)	Other (spe	ecify 6.	plicable Line)	nt/Group Filing (Check
(Street) BOSTON M	A 02116	_						y More than One
(City) (Si	tate) (Zip)							
		Table I - I	Non-Deri	vative Securities Benefic	cially Owned			
1. Title of Security (I	nstr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownersh Form: Dire or Indirect (Instr. 5)	ct (D) (Ins	lature of Indirec tr. 5)	t Beneficial Ownership
				tive Securities Beneficia	•	es)		
1. Title of Derivative Security (Instr. 4)		2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Secur Underlying Derivative Securi		4. Conversion or Exercise Price of		6. Nature of Indirect Beneficial Ownership (Instr. 5)
		Date Exercisable	Expiratio Date	n Title	Amount or Number of Shares	Derivative Security	or Indirect (I) (Instr. 5)	
Series A Preferred	Stock	(1)	(1)	Common Stock	1,661,214(1)	(1)	I	See footnote <sup>(2)(3)(4)(5)</sup>
(Last)	s of Reporting Person MANAGEMENT, L  (First) (Mi STREET, 18TH FLOOR	.P. ddle)	_					
BOSTON	MA 02	116	_					
(City)	(State) (Zij	0)						
	s of Reporting Person* ealthcare Fund LP							
	(First) (Mi L MANAGEMENT, LLC STREET, 18TH FLOOR	ddle)						
(Street) BOSTON	MA 02	116						
(City)	(State) (Zij	0)						
1. Name and Address Kolchinsky Pe	s of Reporting Person <sup>*</sup>							
(Last) C/O RA CAPITA	(First) (Mi	ddle)						

1. Name and Addre	ess of Reporting Pers	son <sup>*</sup>					
(Last)	(First)	(Middle)					
C/O RA CAPITAL MANAGEMENT, L.P.							
200 BERKELEY STREET, 18TH FLOOR							
(Street)							
BOSTON	MA	02116					
-							
(City)	(State)	(Zip)					

## **Explanation of Responses:**

- 1. Each share of Series A Preferred Stock is convertible into common stock on a one-for-6.217 basis into the number of shares of common stock shown in column 3 at any time at the holder's election and will convert automatically immediately prior to the closing of the Issuer's initial public offering. The Series A Preferred Stock has no expiration date.
- 2. Includes (a) 1,185,315 shares held by RA Capital Healthcare Fund, L.P. (the "Fund"), (b) 287,125 shares held in a separately managed account (the "Account") and (c) 188,774 shares held by RA Capital Nexus Fund, L.P. (the "Nexus Fund").
- 3. RA Capital Management, L.P. (the "Adviser") is the investment manager for the Fund, the Account, and the Nexus Fund. The general partner of the Adviser is RA Capital Management GP, LLC (the "Adviser GP"), of which Dr. Peter Kolchinsky and Mr. Rajeev Shah are the managing members.
- 4. The Adviser, the Adviser GP, Dr. Kolchinsky, and Mr. Shah may be deemed indirect beneficial owners of the reported securities for purposes of Section 13(d) of the Securities Exchange Act of 1934 (the "Act"). They disclaim beneficial ownership of any of the reported securities for the purpose of determining whether they are subject to Section 16 of the Act, however, in reliance on Rule 16a-1(a)(1)(v) and (vii). To the extent that they might be deemed subject to Section 16, they disclaim beneficial ownership of securities held by the Fund or the Nexus Fund for purposes of Rule 16a-1(a)(2), except to the extent of their pecuniary interest therein, and disclaim any pecuniary interest in securities held in the Account for purposes of Rule 16a-1(a)(2).
- 5. The Adviser, the Adviser GP, Dr. Kolchinsky, and Mr. Shah disclaim any obligation to file reports under Section 16 other than as a director by deputization.

/s/ Peter Kolchinsky, Manager of RA CAPITAL 11/08/2019 MANAGEMENT, L.P. /s/ Peter Kolchinsky, Manager of RA Capital Management, 11/08/2019 LLC, the General Partner of RA Capital Healthcare Fund, L.P. /s/ Peter Kolchinsky, 11/08/2019 <u>individually</u> /s/ Rajeev Shah, individually 11/08/2019 \*\* 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 5 (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.