FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Liu David Y					Pro	Issuer Name and Ticker or Trading Symbol Protagonist Therapeutics, Inc [PTGX] Date of Earliest Transaction (Month/Day/Year)									ck all app Direc	olicable)	ng Pers	Person(s) to Issuer 10% Owner Other (specify		
(Last)	,	,	Middle	,	07/1	07/10/2017								2	belov	w)	below)			
C/O PROTAGONIST THERAPEUTICS, INC.															Chief Scientific Officer					
7707 GATEWAY BLVD., SUITE 140						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)															X Form filed by One Reporting Person					
NEWARK CA 94560-1160															Form filed by More than One Reporting Person					
(City)	(Si	ate) (Zip)																	
		Tab	le I -	Non-Deri	vative \$	Sec	urit	ies A	cquired,	Dis	posed	of, or l	Benef	iciall	y Owne	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y					/Year) i	Execution			Transaction D		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				l Secur	icially d		ct (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										v	Amount	(A) (D)	or Pri	ce	Repo		(,,	(
Common Stock 07/10/20						17			М		3,500	3,500 A		\$1.89	9 5,500(1)			D		
Common Stock 07/10/201					017	17			S ⁽²⁾		3,500	D \$12.		2.68	2,000		D			
	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)	Execu if any	eemed tion Date, h/Day/Year)	4. Transaction Code (Instr. 8)				6. Date Ex. Expiration (Month/Da	Date	Amount o		of es ing ve	of of Der Service (Instr. 3		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow For Oir or (I) 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	ode V		(D)			xpiration ate	Title	Amou or Numb of Share	ber						
Employee Stock Option (right to buy)	\$1.89	07/10/2017			M			3,500	(4)	1	0/22/2024	Common Stock	3,50	00	\$0.00	16,725		D		

Explanation of Responses:

- 1. Includes 2,000 shares acquired by the Reporting Person under the Issuer's 2016 Employee Stock Purchase Plan on March 9, 2017.
- $2. \ The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on February <math>6,2017.$
- 3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$12.36 to \$12.84. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range.
- 4. The option vests over a four-year period, with 1/4th of the shares subject to the option vesting on the one year anniversary of the vesting commencement date, and 1/36th of the remaining shares subject to the option vesting each month, subject to the Reporting Person continuing to be a service provider of the Issuer through each such date.

Remarks:

/s/ Thomas P. O'Neill, Attorney-in-Fact 07/12/2017

** 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.