FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | |
| 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).

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

| 1. Name and Address of Reporting Person* SELICK HAROLD E | | | | | Prot | 2. Issuer Name and Ticker or Trading Symbol Protagonist Therapeutics, Inc [PTGX] | | | | | | | | | tionship all appl Directo | , | | erson(s) to Is | |
|---|--|--|---|---------|---|--|---------|-----|--|-----------------|------------------------|---|--------------------------------------|---|---|--|---|--|-------------------------|
| (Last) | (Fi | rst) (| Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/29/2018 | | | | | | | | | | Officer (give title below) | | Other (s | specify |
| C/O PROTAGONIST THERAPEUTICS, INC. 7707 GATEWAY BLVD., SUITE 140 | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) NEWAR | K C | A 9 | 94560 | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (SI | ate) (| Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - No | n-Deriv | ative S | Sec | urities | Ac | quired, D | isp | osed o | of, or Be | enefici | ally | Owne | d | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | | Execution Date, | | | Transaction Dispose Code (Instr. and 5) | | rities Acqued Of (D) (| Securit Benefic Owned | | ties Fo cially (D) | | m: Direct or rect (I) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amoun | unt (A) or (D) | | e | | | | tr. 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) | | 4. Transaction Code (Instr. 8) | | n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | of Der Sec | Price rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | у | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Ex _l | piration te | Title | Amoun or Numbe of Shares | | | | | | |
| Stock Option (right to buy) | \$6.98 | 05/29/2018 | | | A | | 12,000 | | (1) | 05/ | /28/2028 | Common Stock | 12,00 | \$ | \$0.00 | 12,000 | | D | |

Explanation of Responses:

1. The shares subject to this option shall vest at the earlier on (i) May 29, 2019, or (ii) the date of the 2019 Annual Meeting of stockholders of the Issuer, subject to the non-employee director's continuous service with the Issuer through such dates. The shares subject to this option will vest in full upon completion of a Change in Control (as defined in the Issuer's 2016 Equity Incentive Plan).

Remarks:

/s/ Thomas P. O'Neil, Attorney-in-Fact

06/12/2018

** 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.