SEC For	rm 4 FORM	4	UNITE	) STA	TES S	SECUR	ITIE	ES AND	E>	КСНА	NGE	C	омм	ISSION	l					
								ngton, D.C. 20				Γ	OMB APPROVA			'AL				
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).					d pursual	nt to Sectio	<b>ES IN BE</b> a) of the Secu Investment C	es Exchar		SHIP	E	OMB Number: 32 Estimated average burden hours per response:			235-0287 0.5					
1. Name and Address of Reporting Person* JEAN CHRISTOPHE					RHY	2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>RHYTHM PHARMACEUTICALS, INC.</u> [ <u>RYTM</u> ]									icable) or	-		o Owr	ner	
(Last) (First) (Middle) 222 BERKELEY STREET, 12TH FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 06/21/2023									r (give i )	title		Other (speci below)			
(Street) BOSTON MA 02116				4. If Ar	4. If Amendment, Date of Original Filed (Month/Day/Year)								<ul> <li>5. Individual or Joint/Group Filing (Check Applicable Line)</li> <li>X Form filed by One Reporting Person</li> <li>Form filed by More than One Reporting Person</li> </ul>							
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication         Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.											d to			
		Tab	le I - Nor	ו-Deriv	ative S	ecuritie	s Ac	quired, Di	isp	osed o	of, or B	en	eficial	lly Owne	d					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution if any	2A. Deemed Execution Date, if any (Month/Day/Year)		on tr.		ities Acquired (A) or d Of (D) (Instr. 3, 4 an				Fo (D)	Ownershi rm: Direct or Indirec (Instr. 4)	t B	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code V	′	Amount	(A) (D)	or	Price	Transac (Instr. 3	tion(s)				(11501.4)	
		Т						uired, Dis 5, options,						y Owned						
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		4. Fransactic Code (Inst 3)		ive ies ed ed	Expiration Da	5. Date Exercisable and Expiration Date (Month/Day/Year)			ind of es ing ve S and	Security	8. Price of Derivative Security (Instr. 5)	deriv Secu Bene Owne Follo Repo	rities ficially ed wing orted saction(s	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		Beneficia Ownershi (Instr. 4)	
												- I-	Amount or Number							

 buy)
 Image: Construction of the second sec

06/21/2023

Explanation of Responses:

\$18.47

Stock Option

(right to

1. The options fully vest upon the earlier of (i) June 21, 2024 or (ii) the date of the Issuer's next annual meeting of the stockholders, subject to the Reporting Person's continued service on such vesting date.

Date Exercisable

(1)

(3)

(D)

14,000

3,000

Expiration Date

06/20/2033

(3)

Title

Common

Stock

Common

Stock

2. Each restricted stock unit represents a contingent right to receive one share of Issuer common stock.

3. The restricted stock units fully vest upon the earlier of (i) June 21, 2024 or (ii) the date of the Issuer's next annual meeting of the stockholders, subject to the Reporting Person's continued service on such vesting date. The restricted stock units have no expiration date.

<u>/s/ Hunter Smith, attorney-in-</u> fact for Christophe Jean

of Shares

14,000

3,000

\$<mark>0</mark>

\$<mark>0</mark>

<u>06/23/2023</u>

14,000

3,000

D

D

\*\* 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).

Code V (A)

Α

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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.