FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| 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).

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* Russo Rene | | | | 2. Issuer Name and Ticker or Trading Symbol Arsanis, Inc. [ASNS] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|-----------------|---|--------------|--|--|--------------|--|-------------------------------|---|---|---|--|---|--|---------|
| | | | | | , | | | | | | C Director | | 10% Ow | ner | |
| (Last) | (F | irst) | (Middle) | 3. | Date o | of Earliest | Trans | action (Mon | h/Day/Year) | | | Officer (below) | (give title | Other (s below) | pecify |
| C/O ARSANIS, INC. | | | 03 | 03/07/2018 | | | | | President and CEO | | | | | | |
| 890 WINTER STREET, SUITE 230 | | | | | | | | | | | | | | | |
| | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) WALTH | Λ Ν | ι Λ | 02451 | | | | | | | | | ' | ed by One Re | eporting Person | |
| WALITI | ALTHAM MA 02451 | | | | | | | | | | Form filed by More than One Reporting | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | Person | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | • | action 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Instr. | | red (A) or str. 3, 4 and ! | 5. Amount of Securities Beneficially Owned Following Reported | | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Code | Amount | (A) (D) | Price | Transacti (Instr. 3 a | on(s) | | msu. 4) |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | |
| Derivative Conversion Date Execuses (Month/Day/Year) if any | | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code (Instr. | | Derivative E | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | <i>y</i> | |
| Stock option (right to buy) | \$17.34 | 03/07/2018 | | A | | 160,000 | | (1) | 03/06/2028 | Common Stock | 160,000 | \$0.00 | 160,000 | D | |

Explanation of Responses:

1. The option becomes exercisable as to 25% of the shares underlying the award on the first anniversary of the date of grant, with the remainder vesting in equal monthly installments until the fourth anniversary of the date of grant.

Remarks:

/s/ Michael Gray, attorney-in-03/09/2018

fact

** 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.