FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

9

| | OMB APPROVAL | | | | | | | |
|---|-------------------------|-----------|--|--|--|--|--|--|
| l | OMB Number: | 3235-0287 | | | | | | |
| | Estimated average burde | en | | | | | | |
| l | 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* STEVENS ANTHONY CHRIS | | | | | | 2. Issuer Name and Ticker or Trading Symbol Arsanis, Inc. [ASNS] | | | | | | | | all applic | able) | g Pers | on(s) to Issu 10% Ow Other (s | ner | | |
|---|--|--|--|----------------------------------|-----------------|---|------|---|--------------------|---------------|--|--|-----------------|---|--|--|--|--|--|--|
| C/O ARSANIS, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/07/2018 | | | | | | | | below) | Chief Med | lical (| below) | респу | | |
| 890 WINTER STREET, SUITE 230 | | | | | | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) | AM M | MA 02451 | | | ,, | | | | | | | ne) X |) | | | | | | | |
| (City) | (Si | (State) (Zip) | | | Person | | | | | | | l | | | | | | | | |
| | | Tab | le I - Non-D | erivativ | e Se | curities | s Ac | quired, D | ispose | d o | f, or Ber | neficia | lly (| Owned | | | | | | |
| Date | | | | Transactior ite onth/Day/Y | Execution Date, | | | 3. Transaction Disposed Of (D) (Instr. 3, 4) (5) (8) | | | | 4 and Securitie Benefici | | s ally ollowing | Form | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code V | Amo | Amount (A) or | | Price | | Transaction(s) (Instr. 3 and 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/Yea | Code (Inst | | | | 6. Date Exercisable ar Expiration Date (Month/Day/Year) | | d | 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4) | | Deriva Secur | | 9. Number derivative Securities Beneficial Owned Following Reported Transaction (Instr. 4) | ve es ally ig d tion(s) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | | Date Exercisable | Expiration Date | | Title | Amount or Number of Shares | | | | | | | | |
| Stock option (right to buy) | \$17.34 | 03/07/2018 | | A | | 50,000 | | (1) | 03/06/20 |)28 | Common Stock | 50,000 | | \$0.00 | 50,000 | 0 | D | | | |

Explanation of Responses:

1. This 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-

<u>fact</u>

** Signature of Reporting Person

Date

03/09/2018

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.