$\Box$ 

## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden response: 0.5

7. Nature of Indirect Beneficial Ownership (Instr. 4)

11. Nature of Indirect Beneficial Ownership (Instr. 4)

1. Name and Address of Reporting Person\*

TRV GP, LLC

	ions may contir tion 1(b).	nue. See		File								es Exchan			4		hours	per response	::	0
1. Name and Address of Reporting Person*  THIRD ROCK VENTURES LP				2. 1	or Section 30(h) of the Investment Company Act of 1940  2. Issuer Name and Ticker or Trading Symbol  ZAFGEN, INC. [ ZFGN ]										5. Relationship of Reporting Person(s) to Issue (Check all applicable)  Director X 10% Own					
(Last) (First) (Middle) C/O THIRD ROCK VENTURES, LLC 29 NEWBURY STREET, 3RD FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 05/15/2015											er (give title				
29 NEW.	BURY STR	REET, 3RD FLO	OR ———		4.1	f Am	nend	dment, I	Date of	f Origina	l Filed	(Month/Da	ay/Yea	ır)	6. Ind	ividual (	or Joint/Group	Filing (Che	ck Ap	plicable
(Street) BOSTON MA 02116															Form filed by One Reporting Person  X Form filed by More than One Reporting Person					
(City)	(St	tate) (	(Zip)																	
		Tab	le I - No	n-Deri	vative	e Se	ecu	urities	s Acq	uired,	Dis	posed o	f, or	Bene	eficially	Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				action Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				Secur Benef Owne	ficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indired Beneficia Ownersh		
									Code	v	Amount (A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common	Stock			05/1	5/2015	2015			<b>J</b> (1)		1,000,0	000	D	\$0 3,3		202,045	D <sup>(2)</sup>			
Common	Stock			05/1	5/201	2015		<b>J</b> (3)		443,93	35	A	\$0	4	43,935	D <sup>(4)</sup>				
Common Stock 05/15/2				5/201	2015			<b>J</b> <sup>(5)</sup>		443,935		D	\$ <mark>0</mark>		0	D <sup>(4)</sup>				
		Ta										sed of, onvertib				wned	l			
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security		3. Transaction Date (Month/Day/Year)	Execution if any	xecution Date, any		4. Transactio Code (Insti 8)		on of i		5. Date Exercis Expiration Date Month/Day/Yea		е	Amor Secu Unde Deriv	unt of rities Sec erlying (Instructive Unity (Instructive)		Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		Benefici Ownersh (Instr. 4)
					Code	v		(A)		Date Exercisa		Expiration Date	Title	or Nun of Sha	nber					
1		Reporting Person* VENTURES	<u>LP</u>																	
		(First) VENTURES, L REET, 3RD FLO		dle)																
(Street) BOSTON MA 02116			16																	
(City)		(State)	(Zip)																	
1		Reporting Person*																		
(Last)	BURY STF	(First) REET, 3RD FLO	(Mid	dle)																
(Street)	V	MA	021	16																
(City)		(State)	(Zip)																	

(Last)	(First)	(Middle)							
29 NEWBURY STREET, 3RD FLOOR									
(Street)									
BOSTON	MA	02116							
(City)	(State)	(Zip)							
1. Name and Address of Reporting Person*  LEVIN MARK J									
(Last) (First) (Middle) 29 NEWBURY STREET, 3RD FLOOR									
(Street) BOSTON	MA	02116							
(City)	(State)	(Zip)							
1. Name and Address of Reporting Person $^*$ $\underline{TEPPER\ ROBERT\ I}$									
(Last) (First) (Middle) 29 NEWBURY STREET, 3RD FLOOR									
(Street) BOSTON	MA	02116							
(City)	(State)	(Zip)							

#### **Explanation of Responses:**

- 1. Distribution of shares in kind by Third Rock Ventures, L.P. ("TRV") on a pro rata basis to its partners.
- 2. The shares are directly held by TRV. The general partner of TRV is Third Rock Ventures GP, L.P. ("TRV GP"). The general partner of TRV GP, LLC ("TRV GP LLC"). The individual managers of TRV GP, LLC are Mark Levin ("Levin"), Kevin Starr ("Starr") and Dr. Robert Tepper ("Tepper") and, as such, each of TRV GP and TRV GP LLC, Levin, Starr and Tepper exercises shared voting and investment power over the shares held of record by TRV. Each of the Reporting Persons disclaims beneficial ownership of the shares except to the extent of their pecuniary interest therein, if any.
- 3. TRV GP received shares distributed in kind by TRV on a pro rata basis to its partners.
- 4. The shares are directly held by TRV GP. As such, each of TRV GP LLC, Levin, Starr and Tepper exercises shared voting and investment power over the shares held of record by TRV GP. Each of the Reporting Persons disclaims beneficial ownership of the shares except to the extent of its pecuniary interest therein, if any.
- 5. Distribution of shares in kind by TRV GP on a pro rata basis to its partners.

## Remarks:

/s/ Kevin Gillis, Chief Financial Officer of TRV GP, LLC, general partner of Third 05/15/2015 Rock Ventures GP, L.P., general partner of Third Rock Ventures, L.P. /s/ Kevin Gillis, Chief Financial Officer of TRV GP, 05/15/2015 LLC, general partner of Third Rock Ventures GP, L.P. /s/ Kevin Gillis, Chief Financial Officer of TRV GP, 05/15/2015 **LLC** /s/ Kevin Gillis by power of 05/15/2015 attorney for Mark Levin /s/ Kevin Gillis by power of 05/15/2015 attorney for Robert I. Tepper \*\* Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly.$ 

- \* 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.