## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, [	D.C. 20549
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Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours ner resnonse.	0.5								

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Secor Alicia													5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify						
(Last) (First) (Middle) C/O ZAFGEN, INC.					3. Date of Earliest Transaction (Month/Day/Year) 09/17/2015								helow)	chief Commerc		below)	specify		
175 POF	RTLAND ST	ΓREET, 4TH FL	OOR			If Amo	ndme	ınt Date o	of Origins	ıl Eile	d (Month/Da	v/Vear)	6.1	ndividual or	loint/Grou	ın Eiline	(Check A	policable	
(Street) BOSTON MA 02114				_   4. '	II AIIIe	mume	m, Date C	i Origina	u i ne	u (Month/De		Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person							
(City)	(S	tate)	(Zip)																
		Tak	ole I - No	n-Deri	vativ	e Se	curi	ties Ac	quired	, Dis	sposed o	f, or Be	neficial	ly Owned	l				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Yea		Execution Date,				es Acquired (A) or Of (D) (Instr. 3, 4 and 5		Beneficia Owned F	s lly ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	on(s)			(Instr. 4)	
Common Stock 09			09/17	7/2015	/2015					25,000	A	\$9.67	26,2	26,256(1)		D			
Common Stock			09/17	09/17/2015				S		25,000	2) <b>D</b>	\$41.0	1,256 <sup>(1)</sup>		D				
Common	Stock	09/17/20			7/2015	015			S		1,256 <sup>(2)</sup>	) D	\$41.0	0		D			
Common Stock											4,000		I		See footnote <sup>(3)</sup>				
			Table II								osed of, converti			Owned			,		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	n Date,	Code (Ins		on of		6. Date Exercis Expiration Dat (Month/Day/Ye		te	7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici Owned Followin Reportee Transact (Instr. 4)	re es ally ig d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares						
Stock Option (Right to	\$9.67	09/17/2015			M	ı		25,000	(4)		01/30/2024	Common Stock	25,000	\$0.00	134,235		D		

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

- 1. Includes 647 shares acquired by the Reporting Person under Zafgen, Inc.'s 2014 Employee Stock Purchase Plan (the "Plan") on June 30, 2015 and 609 shares acquired under the Plan on December 31, 2014.
- 2. This sale of shares by the Reporting Person was effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person in accordance with Rule 10b5-1 of the Securities Exchange Act of 1934, as
- 3. These shares are held by the Reporting Person's spouse. The Reporting Person disclaims beneficial ownership of the shares except to the extent of her pecuniary interest therein, if any.
- 4. 25% of this option vested January 2, 2015, and the remainder vests in equal monthly installments thereafter over 36 months.

# Remarks:

<u>/s/ Laurie Burlingame, by</u> power of attorney

09/21/2015

\*\* 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.