FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington, D.C. 20549	Vashington,	D.C.	20549	
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STATEMENT O	<b>F CHANGES</b>	<b>IN BENEFICIAL</b>	<b>OWNERSHIP</b>

OMB APPROVAL											
OMB Number: 3235-028											
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

Name and Address of Reporting Person*     Cramer Pamela J.					RH	2. Issuer Name and Ticker or Trading Symbol RHYTHM PHARMACEUTICALS, INC. RYTM							Check	all app	ionship of Reportin all applicable) Director Officer (give title		rson(s) to Is  10% Ov  Other (s	wner	
(Last) 222 BER	(Fir	st) (NTREET, 12TH F	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/19/2024							X	belov	v) ``		below)	`	
(Street)	N MA	A 0	2116		4. If <i>I</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)							. Indivine)	Form	filed by On	e Rep	ng (Check Apporting Personnian One Repo	on	
(City)	(Sta	ate) (2	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 to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transactic Date (Month/Day/				Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acq Disposed Of (D) (			Acquired (A) or (D) (Instr. 3, 4 and 5		5. Amount of Securities Beneficially Owned Following		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A) or (D)	Price		Transa	action(s) 3 and 4)			(Instr. 4)		
Common Stock 03/19/20					024				<b>S</b> <sup>(1)</sup>		15,515	D	\$39.2	22(2)	3	0,005		D	
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)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any		4. Transa Code ( 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Der Sec	Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amount or Number of Shares						

## **Explanation of Responses:**

- 1. The sale reported in this Form 4 was effected pursuant to Rule 10b5-1 instruction adopted prior to February 27, 2023 solely with the intent to cover withholding taxes in connection with the vesting of certain previously reported restricted stock units.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at per share prices ranging from \$39.07 to \$39.25. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

/s/ Hunter Smith, Attorney-in-03/19/2024 Fact for Pamela J. Cramer

\*\* 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.