| SEC Form 4 | RM 4 | UNITE |) STAT | 'ES S | SECURITIE | S AN | DE | XCHAN | GE C | OMMIS | SION | | | | |
|--|---------------|------------------------|---------------------------------|---|---|---|-------------|---|------------------------|---|---|---|--------------------|---|--|
| | | | Washing | | | | | Γ | OMB AF | OMB APPROVAL | | | | | |
| Check this box Section 16. For obligations may Instruction 1(b) | continue. See | STA | pursuar | F CHANGES nt to Section 16(a) of ction 30(h) of the In | of the S | ecuriti | es Exchange | | | DMB Number: Estimated averag nours per respon | e burde | 3235-0287 :n 0.5 | | | |
| 1. Name and Address of Reporting Person [*] Smith Hunter C | | | | | er Name and Ticke / <u>THM PHAR</u> /{] | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) below) | | | | | | | |
| (Last) (First) (Middle) C/O RHYTHM PHARMACEUTICALS, INC. 222 BERKELEY STREET, 12TH FLOOR | | | | | e of Earliest Transa /2023 | Day/Year) | | Chief Financial Officer | | | | | | | |
| (Street) BOSTON | MA | 02116 | | 4. If An | nendment, Date of | Original | l Filed | (Month/Day/ | 6. Indir Line) X | , | | | | | |
| (City) | (State) | (Zip) Table I - Noi | 1-Deriva | ative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | |
| Date | | | 2. Transac Date (Month/Da | | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | | | | 5. Amount of Securities Beneficially Owned Followi Reported | 6. Owners Form: Dir (D) or Ind (I) (Instr. 4 | ect irect I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | (instr. 4) | |
| Common Stock | | | 02/11/2 | 2023 | | М | | 2,344 | Α | (1) | 60,108 | D | | | |
| Common Stock | | | 02/14/2 | 2023 | | S ⁽²⁾ | | 702 | D | \$26.87 | 59,406 | D | | | |
| | | | | | curities Acqui IIs, warrants, | | | | | | Owned | | | | |

| 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/Year) | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 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) (Instr. 4) | 10. 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 | | | | |
| Restricted Stock Units | (1) | 02/11/2023 | | М | | | 2,344 | (3) | (3) | Common Stock | 2,344 | \$0 | 4,687 | D | |

Explanation of Responses:

1. Each restricted stock unit represents a contingent right to receive one share of Issuer common stock.

2. The sale reported in the Form 4 was effected pursuant to a Rule 10b5-1 instruction solely with the intent to cover withholding taxes in connection with the vesting of certain previously reported restricted stock units.

3. The restricted stock units vest or have vested as to 25% of the total shares on each of February 11, 2022, February 11, 2023, February 11, 2024 and February 11, 2025. The restricted stock units have no expiration date.

/s/ Hunter C. Smith

** Signature of Reporting Person

<u>02/14/2023</u> 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.