FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT	OF CHANGES	S IN BENEFICIAL	OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours por rosponso:	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

1. Name and Address of Reporting Person* Mazabraud Yann				<u> </u>	2. Issuer Name and Ticker or Trading Symbol RHYTHM PHARMACEUTICALS, INC. [RYTM]					(Che	ck all applica	able)	Person(s) to Iss 10% O Other (ner	
(Last)	`	irst) ARMACEUTICA	(Middle) ALS, INC.		3. Date of Earliest Transaction (Month/Day/Year) 04/14/2023					X	below)		below) International		
222 BERKELEY STREET, 12TH FLOOR				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Inc Line)	6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street)	N M	ÍΑ	02116								X			eporting Perso han One Repo	
(City) (State) (Zip)					Rule 10b5-1(c) Transaction Indication										
				[Che the a	ck this boa	x to indica defense	ite that a trans conditions of F	action was ma tule 10b5-1(c).	de pursuant See Instruct	to a contrac tion 10.	t, instruction (or written plan	that is intended	o satisfy
		Та	ble I - Non-De	rivati	ve Se	ecuritie	es Acq	uired, Dis	posed of	, or Ben	eficially	Owned			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D		•	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. Amoun Securities Beneficial Owned Fo Reported	Form y (D) or	orm: Direct	7. Nature of Indirect Beneficial Ownership				
						Code V	Amount	(A) or (D)	Price	Transaction (Instr. 3 au			(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)	Derivative Conversion Date Execution Date, Transa Code (Month/Day/Year) if any Code (action Derivative Expiration		6. Date Exer Expiration D (Month/Day/	ate of Securities		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)			
Co				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(5)	
Restricted Stock Units	(1)	04/14/2023		D ⁽²⁾			41,500	(3)	(3)	Common Stock	41,500	\$0	0	D	
Restricted Stock Units	(1)	04/14/2023		A		41,500		(4)	(4)	Common Stock	41,500	\$0	41,500	D	

Explanation of Responses:

- 1. Each restricted stock unit represents a contingent right to receive one share of Issuer common stock.
- 2. The restricted stock units were rescinded and cancelled by mutual agreement of the reporting person and Issuer. The reporting person received French-qualified restricted stock units on April 14, 2023 as consideration for the recission and cancellation of the restricted stock previously received on February 1, 2023.
- 3. The restricted stock units vest as to 25% of the total shares on each of February 1, 2024, February 1, 2025, February 1, 2026 and February 1, 2027. The restricted stock units have no expiration date.
- 4. The restricted stock units vest as to 25% of the total shares on each of April 14, 2024, April 14, 2025, April 14, 2026 and April 14, 2027. The restricted stock units have no expiration date.

/s/ Hunter Smith, Attorney-in-Fact for Yann Mazabraud

04/18/2023

** 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.