

OMB APPROVAL	
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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(b).

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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* <u>Eichler Kurt M</u>  (Last) (First) (Middle) <u>C/O SPRING BANK PHARMACEUTICALS, INC.</u> <u>86 SOUTH STREET</u>  (Street) <u>HOPKINTON MA 01748</u>  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>Spring Bank Pharmaceuticals, Inc. [ SBPH ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) <u>01/02/2018</u>	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	01/02/2018		A <sup>(1)</sup>		979	A	\$0.00	585,367	D	
Common Stock								19,791	I	See footnote <sup>(2)</sup>
Common Stock								10,000	I	See footnote <sup>(3)</sup>
Common Stock								1,200	I	See footnote <sup>(4)</sup>

**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)	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		Date Exercisable	Expiration Date					

**Explanation of Responses:**

- Pursuant to the Issuer's Non-Employee Director Compensation Policy, the shares on this Form 4 were automatically issued to the Reporting Person, who previously elected to take shares in lieu of cash compensation for services as a director and committee member of the Issuer.
- These shares are directly held by Theresa Eichler as custodian for Katherine Eichler UGMA NJ. Teresa Eichler and Katherine Eichler are immediate family members sharing a household with the Reporting Person.
- These shares are directly held by the Kurt M. Eichler Trust Under Agreement dated 12/27/14 FBO Katherine Eichler (the "Katherine Eichler Trust"). The Reporting Person's immediate family member, Katherine Eichler, is a beneficiary of the Katherine Eichler Trust, and the Reporting Person is a trustee of the Katherine Eichler Trust.
- These shares are directly held by the Reporting Person as custodian for Katherine Eichler. Katherine Eichler is an immediate family member sharing a household with the Reporting Person.

**Remarks:**

/s/ Lori Firmani, attorney-in-fact 01/03/2018

\*\* 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.