

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* <b>BARDON CHRISTIANA</b>  (Last) (First) (Middle) <b>C/O SPRING BANK PHARMACEUTICALS, INC.</b> <b>35 PARKWOOD DRIVE</b>  (Street) <b>HOPKINTON MA 01748</b>  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <b>Spring Bank Pharmaceuticals, Inc. [ SBPH ]</b>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) <b>10/01/2018</b>	

**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	10/01/2018		A <sup>(1)</sup>		831	A	\$0.00	2,296	D	
Common Stock								833,839	I	By UBS Oncology Impact Fund <sup>(2)</sup>
Common Stock								54,824	I	By Burrage Capital Healthcare Fund I, LP <sup>(3)</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	(A)	(D)	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.
- The Reporting Person's spouse is the Managing Member of MPM Oncology Impact Management GP LLC, an indirect General Partner of UBS Oncology Impact Fund L.P. ("Oncology Impact Fund"). Dr. Bardon disclaims beneficial ownership of the securities held by Oncology Impact Fund, except to the extent of her or her spouse's pecuniary interest therein, and the inclusion of these securities in the report shall not be deemed an admission of beneficial ownership of the securities for the purposes of Section 16 or for any other purpose.
- The Reporting Person is the Portfolio Manager of Burrage Capital Healthcare Fund I, L.P. ("Burrage Capital"). Dr. Bardon disclaims beneficial ownership of the securities held by Burrage Capital, except to the extent of her pecuniary interest therein, and the inclusion of these securities in the report shall not be deemed an admission of beneficial ownership of the securities for the purposes of Section 16 or for any other purpose.

**Remarks:**

/s/ Christiana Bardon 10/03/2018  
 \*\* 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.**