FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

ı	OMB APPRO	VAL
	OMB Number:	3235-0287
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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)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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1. Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol ZAFGEN, INC. [ZFGN]									Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Daniel Thomas O												X Directo	or		10% Ov	vner		
(Last) C/O ZAI	(F FGEN, INC	,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 04/01/2016								Officer below)	(give title		Other (s below)	specify	
175 PORTLAND STREET, 4TH FLOOR				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street)	N M	A	02114							Line	X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(S	tate)	(Zip)															
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)			Date	Execution Date,		, Transaction Disposed Of (I Code (Instr. 5)		ies Acquired (A) or Of (D) (Instr. 3, 4 and		Beneficia Owned F	s ally following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
						Code	,	Amount	(A) or (D)	Price	Reported Transact (Instr. 3	tion(s)			(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)	erivative Conversion Date Execution Date, Treecurity or Exercise (Month/Day/Year) if any Co		ransac	ansaction of ode (Instr. Derivative			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)			
				c	ode	v	(A)	(D)	Date Exercisable		kpiration ate	Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$6.7	04/01/2016			A		24,000		(1)	04	1/01/2026	Common Stock	24,000	\$0.00	24,00	0	D	
Stock Option (Right to Buy)	\$6.7	04/01/2016			A		3,841		(2)	04	1/01/2026	Common Stock	3,841	\$0.00	3,841	ı	D	

Explanation of Responses:

- 1. Stock option shall vest over a three-year period beginning on March 3, 2016 on a monthly basis in arrears, provided that as of each such vesting date, the Reporting Person continues to provide services to the Company. All unvested shares shall become fully vested upon a change in control of the Company.
- 2. The stock option was issued in lieu of cash fees under the Non-Employee Director Compensation Policy pursuant to a Non-Qualified Stock Option Agreement. 367 shares of the stock option shall be vested as of April 1, 2016 and the remaining stock option shall vest over the remainder of the 2016 calendar year starting from April 1, 2016 on a quarterly basis in arrears.

Remarks:

/s/ Laurie Burlingame (Attorney-In-Fact)

04/04/2016

** 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.