FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

Name and Address of Reporting Person* Colonno Richard James						2. Issuer Name and Ticker or Trading Symbol ASSEMBLY BIOSCIENCES, INC. [ASMB]									all applic Directo Officer	onship of Reporting Person all applicable) Director Officer (give title below)			n(s) to Issuer 10% Owner Other (specify below)	
(Last) (First) (Middle) C/O ASSEMBLY BIOSCIENCES, INC. 11711 N. MERIDIAN ST., SUITE 310						3. Date of Earliest Transaction (Month/Day/Year) 12/12/2019									,		, Viro	ology Ops		
(Street) CARME	(Street) CARMEL IN 46032					4. If Amendment, Date of Original Filed (Month/Day/Year)								Indiv ne) X	Form filed by More than One Reporting Person Form filed by More than One Reporting Person					
	`	·		Non-Deri	ivativ	e Sec	curit	ties A	cauire	ed. D	isposed o	f. or B	eneficia	llv (Owned					
1. Title of Security (Instr. 3) 2. Transac Date				Transaction		2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Disposed Of	(A) or	5. Amo Securit Benefic Owned		int of es ially Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a		tion(s)			(Instr. 4)	
Common Stock 12/12/201						9			M		33,061(1)	Α	\$7.03	.03 160		,882(2)		D		
Common Stock 12/12/201					2019	.9			S		33,061(1)	D	\$25.001	5.0016 ⁽³⁾		127,821		D		
		-	Table								sposed of, , convertil			y Oı	wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)	4. Transa Code (8)		of Deri Seci Acq (A) (Disp of (E	umber vative urities uired or oosed O) (Instr. and 5)	Expira (Mont	te Exer ation D th/Day/		7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		Derivative Security		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Own Form Direct or In (I) (Ir	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amoun or Number of Shares							
Stock Option (right to	\$7.03	12/12/2019			M			33,061	(-	4)	01/11/2026	Common Stock	n 33,06	1	\$0.00	166,93	9	D		

Explanation of Responses:

- 1. The option exercise and sale reported on this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.
- 2. Includes 532, 1,000 and 39 shares acquired under the Assembly Biosciences, Inc. 2018 Employee Stock Purchase Plan on November 14, 2018, May 14, 2019 and November 14, 2019, respectively.
- 3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$25.00 to \$25.035, inclusive. The reporting person undertakes to provide the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within.
- 4. This option represents a right to purchase 200,000 shares. As of January 5, 2019, 150,000 stock options have vested. The remaining options vest on January 5, 2020.

Remarks:

/s/ John O. Gunderson, as 12/16/2019 Attorney-in-Fact

** Signature of Reporting Person

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.