

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>BJERKHOLT ERIC</u> (Last) (First) (Middle) AIMMUNE THERAPEUTICS, INC. 8000 MARINA BOULEVARD, SUITE 300 (Street) BRISBANE CA 94005-1884 (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>Aimmune Therapeutics, Inc. [AIMT]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <u>Chief Financial Officer</u>
	3. Date of Earliest Transaction (Month/Day/Year) <u>02/22/2019</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, \$0.0001 par value	02/22/2019		A		13,125 ⁽¹⁾	A	\$0.00	32,857 ⁽¹⁾⁽²⁾⁽³⁾	D	

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)
					(A)	(D)	Date Exercisable	Expiration Date					
Stock Option (right to buy)	\$23.72	02/22/2019		A	78,750		(4)	02/22/2029	Common Stock	78,750		D	

Explanation of Responses:

- These shares represent restricted stock units ("RSUs") and will be settled in common stock upon vesting. The RSUs vest in four successive, equal, annual installments measured from March 1, 2019, subject to the Reporting Person's continued service relationship with the Issuer on each such vesting date.
- Includes 9,375 restricted stock units ("RSUs") and will be settled in common stock upon vesting. The RSUs vest in four successive, equal, annual installments measured from March 1, 2018, subject to the Reporting Person's continued service relationship with the Issuer on each such vesting date.
- Includes 247 shares acquired on November 15, 2018 pursuant to Issuer's employee stock purchase plan.
- The shares subject to the option will vest and become exercisable as to 1/48th of the total number of shares subject to the option in successive, equal monthly installments measured from February 22, 2019, subject to the Reporting Person's continued service relationship with the Issuer on each such vesting date.

Remarks:

/s/ Douglas T. Sheehy, as Attorney in Fact for Eric Bjerkholt 02/26/2019

** 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.