FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

|   | OMB APPROVAL             |           |  |  |  |  |  |  |  |  |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|
|   | OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |  |
| l | Estimated average burden |           |  |  |  |  |  |  |  |  |
| l | hours per response:      | 0.5       |  |  |  |  |  |  |  |  |

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

| Name and Address of Reporting Person*     Milligan Peter J       |  |  |  |  |   |                 | 2. Issuer Name and Ticker or Trading Symbol MELINTA THERAPEUTICS, INC. /NEW/ [ MLNT ] |     |   |    |  |  |                               |   |   | able)<br>r  | orting Person(s) to Issuer  10% Owner |  | ner                     |  |
|--|--|--|--|--|---|-----------------|---|-----|---|----|--|--|-------------------------------|---|---|---|---------------------------------------|--|-------------------------|--|
|  |  |  |  |  |   |                 | 3. Date of Earliest Transaction (Month/Day/Year) 09/21/2018                           |     |   |    |  |  |                               |   | below)  | Officer (give title pelow)  Chief Financial   |                                       | Other (s<br>below)<br>Officer  | ресіту                  |  |
| 300 GEORGE STREET, SUITE 301                                     |  |  |  |  |   |                 | 4. If Amendment, Date of Original Filed (Month/Day/Year)                              |     |   |    |  |  |                               |   | 6. Individual or Joint/Group Filing (Check Applicable Line)                     |   |                                       |  |                         |  |
| (Street) NEW HAVEN CT 06511                                      |  |  |  |  |   |                 |   |     |   |    |  |  |                               | X   | Form filed by One Reporting Person Form filed by More than One Reporting Person |   |                                       |  |                         |  |
| (City)   | y) (State) (Zip)   |  |  |  |   |                 |   |     |   |    |  |  |                               |   |   |   |                                       |  |                         |  |
|  | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   |  |  |  |   |                 |   |     |   |    |  |  |                               |   |   |   |                                       |  |                         |  |
| 1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/ |  |  |  |  |   | Execution Date, |   |     | Transaction Dispose Code (Instr. and 5)                       |    | rities Acquired (A) or<br>ed Of (D) (Instr. 3, 4 |  |                               | 5. Amou<br>Securitie<br>Benefici<br>Owned<br>Followir | es<br>ally  | Form<br>(D) o   | : Direct of E                         | 7. Nature of Indirect Beneficial Ownership Instr. 4)                 |                         |  |
|  |  |  |  |  |   |                 |   |     | Code  | v  | Amount   | nount (A) or (D)   |                               | rice  | Reporte<br>Transac  | Reported<br>Transaction(s)<br>(Instr. 3 and 4)  |                                       | . 4)   | msu. 4)                 |  |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |  |  |   |                 |   |     |   |    |  |  |                               |   |   |   |                                       |  |                         |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)              | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security  | 3. Transaction<br>Date<br>(Month/Day/Year) |  |  | 4.<br>Transaction<br>Code (Instr.<br>8) |                 | n of  |     | 6. Date Exercisable an<br>Expiration Date<br>(Month/Day/Year) |    |  | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative Secu<br>(Instr. 3 and 4) |                               |   | 8. Price<br>of<br>Derivative<br>Security<br>(Instr. 5)                          | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) |                                       | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr.<br>4) | Beneficial<br>Ownership |  |
|  |  |  |  |  | Code                                    | v               | (A)   | (D) | Date<br>Exercisable   |    | xpiration<br>ate                                 | Title  | Amo<br>or<br>Num<br>of<br>Sha | .   |   |   |                                       |  |                         |  |
| Stock<br>Option<br>(right to<br>buy)                             | \$4.5  | 09/21/2018                                 |  |  | A                                       |                 | 370,000   |     | (1)   | 09 | 9/21/2028  | Common<br>Stock  | 370                           | ,000  | \$0.00  | 370,00  | 00                                    | D  |                         |  |

## Explanation of Responses:

1. One-quarter of the options will vest and become exercisable on September 17, 2019 and the remainder will vest and become exercisable in substantially equal monthly installments during the three year period commencing on September 17, 2019, subject to Mr. Milligan's continued service with the Company through the applicable vesting date.

## Remarks:

/s/ Peter Milligan 09/24/2018

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\star}$  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.