FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

 IE9	AND EXCHANGE	COMMIS

OMB APPROVAL												
OMB Number:	3235-0287											

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hours per response:

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* BridgeBio Pharma LLC					2. Issuer Name and Ticker or Trading Symbol Eidos Therapeutics, Inc. [EIDX]								Relationship of Reporting Person(s) to Issuer (Check all applicable) Director					
(Last) 421 KIPI	st) (First) (Middle) KIPLING ST				3. Date of Earliest Transaction (Month/Day/Year) 06/22/2018								Officer (give title Other (specify below) below)					
(Street)	rreet) ALO ALTO CA 94301				4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indiv	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	((State)	(Zip)															
			Table I - Noi	n-Deri	vativ	Secu	rities Acq	uired,	Dis	posed of	, or Ben	eficially O	wned					
Date					h/Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		ction Instr.	4. Securitie Disposed (I (A) or . 3, 4 and 5)	Beneficially Following R		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
							Code	v	Amount	(A) o	r Price	Transaction(s) (Instr. 3 and 4)				Instr. 4)		
Common Stock					2/2018			С		18,826,4	117 A	\$0.00	18,826,417		D			
Common Stock					06/22/2018					211,762 I		\$17	18,614,655		D			
Common Stock					22/2018			P		1,000,000 A		\$17	19,614,655		D			
							ties Acqu varrants,	,	•	,		ficially Ow ities)	ned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative		3A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr. 8)		Derivative Securities (A) or Dis	. Number of berivative becurities Acquired A) or Disposed of D) (Instr. 3, 4 and 5)		6. Date Exercisab Expiration Date (Month/Day/Year)				8. Price of Derivative Security (Instr. 5)	derivativ Securitie Benefici Owned	curities neficially ned	10. Ownership Form: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Security			Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares]	Followin Reporte Transaci (Instr. 4)	d tion(s)	(I) (Instr. 4)		
Warrants	\$10.8348	06/22/2018		х			332,262	(1)		(1)	Series B Preferred Stock	332,262	\$0.00	0		D		
Series B Preferred Stock	(2)	06/22/2018		х		332,262		(2)		(2)	Common Stock	397,385	5 \$0.00 2,909),029 D			
Series B Preferred Stock	(2)	06/22/2018		С			2,909,029	(2)		(2)	Common Stock	3,479,198	\$0.00) D			
Series Seed Preferred Stock	(2)	06/22/2018		С		12,832,123		(2)		(2)	Common Stock	15,347,219	\$0.00	0		D		

Explanation of Responses:

- 1. Immediately prior to completion of the Issuer's initial public offering, the warrants were automatically exercised for shares of Series B Preferred Stock and such shares acquired were automatically converted into shares of the Issuer's Common Stock on a 1 to 1.196 basis, net of shares of Common Stock withheld by the Issuer to cover the exercise price, resulting in the issuance of 185,623 shares of Common Stock.
- 2. Upon closing of the Issuer's initial public offering, the preferred stock automatically converted into the Issuer's Common Stock on a 1 to 1.196 basis.

Remarks:

BridgeBio Pharma LLC, By: /s/ Neil Kumar, Name: Neil Kumar, **Title: Chief Executive Officer**

06/22/2018

** 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.