FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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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).

Kolchinsky Peter

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 Estimated average burden hours per response: 0.5

Footnote<sup>(1)(5)</sup>

Footnote<sup>(4)(5)</sup>

11. Nature of Indirect Beneficial Ownership (Instr. 4)

See Footnote<sup>(3)(5)</sup>

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*  RA CAPITAL MANAGEMENT, L.P.					2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>iTeos Therapeutics</u> , <u>Inc.</u> [ ITOS ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director X 10% Owner  Officer (give title below) Other (specify below)							
(Last) (First) (Middle) 200 BERKELEY STREET, 18TH FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 04/01/2021														
(Chao)				- 4	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street) BOSTO	BOSTON MA 02116												Line) Form filed by One Reporting Person  X Form filed by More than One Reporting Person						
(City)	(Si	tate) (2	Zip)												1 0130	511			
		Table	I - Non-Deriv	ativ	/e S	Secu	rities	Acq	uire	d,	Disposed	of, o	r Benef	icia	ally Own	ed			
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Ye		2A. Deer Execution if any (Month/I		n Date,	Cod	Transaction Code (Instr.				equired (A) or ) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Cod	e v	.	Amount	(A) or (D)	Price		Transactio				
Common	Stock		04/01/202	21				<b>J</b> <sup>(1)</sup>			289,843	A	\$34.18	<b>B</b> <sup>(1)</sup>	289,8	343	I		See Footnote <sup>(</sup>
Common	Stock		04/01/202	21				<b>J</b> (2)			131,364	A	\$34.18	B <sup>(2)</sup>	3,155,	667	I		See Footnote <sup>(</sup>
Common	Stock														971,7	749	I	I See Footi	
		Та	ble II - Deriva (e.g., p								isposed o s, conver					d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year) if	3A. Deemed Execution Date, if any (Month/Day/Year)	Co	4. Transactio		5. Nui of Derivi Secur Acqui (A) or Dispo of (D) (Instr. and 5	ative ities ired sed	ber 6. Date E Expiration (Month/I		Exercisable an on Date Day/Year)	An Se Un De Se	7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numl derivati Securiti Benefic Owned Followi Reporte Transac (Instr. 4	tive Cities F Cially Cing (I Cities Cially Cities C	10. Owne Form Direc or Inc (I) (In:	t (D) Owne lirect (Instr
				Co	ode	v	(A)		Date Exerc		Expirati	on Tit	Amou or Numb of Share	er					
		f Reporting Person <sup>3</sup> MANAGEME	. <u>NT, L.P.</u>								•	•	•						•
(Last) 200 BEF	RKELEY S	(First) TREET, 18TH F	(Middle)																
(Street)	N	MA	02116			_													
(City)		(State)	(Zip)																
		f Reporting Person' lthcare Fund																	
l		(First) MANAGEMEN TREET, 18TH F																	
(Street)	N	MA	02116																
(City)		(State)	(Zip)																
1. Name a	nd Address o	f Reporting Person																	

(Last)	(First)	(Middle)	
• •	ITAL MANAGEM	,	
	EY STREET, 18TI		
(Street)			
BOSTON	MA	02116	
(City)	(State)	(Zip)	
1. Name and Add	Iress of Reporting Pers	son <sup>*</sup>	
1. Name and Add Shah Rajee		son <sup>*</sup>	
		con* (Middle)	
Shah Rajeer	<u>v M.</u>	(Middle)	
(Last) C/O RA CAPI	v M. (First)	(Middle) ENT, L.P.	
(Last) C/O RA CAPI 200 BERKEL	v M. (First) ITAL MANAGEM	(Middle) ENT, L.P.	
(Last) C/O RA CAPI	v M. (First) ITAL MANAGEM	(Middle) ENT, L.P.	

## **Explanation of Responses:**

- 1. On April 1, 2021, RA Capital Healthcare Fund, L.P. (the "Fund") acquired a participation interest in the reported shares as part of a reorganization of the assets of a separately managed account (the "Reorganization"). The Fund disclaims beneficial ownership of the reported shares, except to the extent of its pecuniary interest therein.
- 2. Acquired pursuant to the Reorganization.
- 3. Held directly by the Fund.
- 4. Held directly by the Nexus Fund, L.P. (the "Nexus Fund").
- 5. RA Capital Management, L.P. (the "Adviser") is the investment manager for the Fund and the Nexus Fund. The general partner of the Adviser is RA Capital Management GP, LLC (the "Adviser GP"), of which Dr. Peter Kolchinsky and Mr. Rajeev Shah are the managing members. The Adviser, the Adviser GP, Dr. Kolchinsky and Mr. Shah disclaim beneficial ownership of any of the reported securities, except to the extent of their pecuniary interest therein.

/s/ Peter Kolchinsky, Manager of RA Capital Management, 04/05/2021 <u>L.P.</u> /s/ Peter Kolchinsky, Manager of RA Capital Healthcare GP, LLC, the General Partner of 04/05/2021 RA Capital Healthcare Fund, L.P. /s/ Peter Kolchinsky, 04/05/2021 individually /s/ Rajeev Shah, individually 04/05/2021 \*\* Signature of Reporting Person Date

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

- \* 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.

 $Persons \ who \ respond \ to \ the \ collection \ of \ information \ contained \ in \ this \ form \ are \ not \ required \ to \ respond \ unless \ the \ form \ displays \ a \ currently \ valid \ OMB \ Number.$