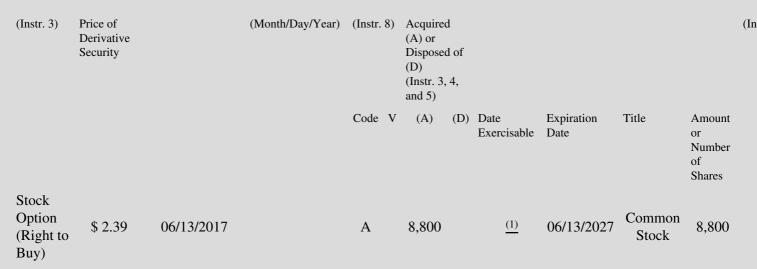
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Form 4										
June 15, 2017										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL		
	UNITED	STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						N OMB Number:	3235-0287	
Check this box if no longer		STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							January 31, 2005	
subject to Section 16. Form 4 or									average urs per . 0.5	
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940										
(Print or Type Respon	nses)									
1. Name and Address of Reporting Person <u>*</u> Munshi Amit			2. Issuer Name and Ticker or Trading Symbol Pulmatrix, Inc. [PULM]				5. Relationship of Reporting Person(s) to Issuer			
		A. 1.11			-		(Che	eck all applicabl	e)	
(Last) (First) (Middle) C/O PULMATRIX, INC., 99 HAYDEN AVE			3. Date of Earliest Transaction (Month/Day/Year) 06/13/2017			X_ Director 10% Owner Officer (give title Other (specify below) below)				
	(Street)			endment, D onth/Day/Yea	-	1	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
LEXINGTON, M	/IA 02421						Form filed by Person	More than One R	eporting	
(City) ((State)	(Zip)	Tab	le I - Non-l	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned	
	ansaction Date th/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8)	Disposed (Instr. 3, 4	(A) or of (D) 4 and 5) (A) or	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)	
Reminder: Report on	a separate line	for each a	ass of see	Code V		(D) Price				
Kenninger: Keport on	a separate fine	e for each cl	ass of sec	unties bene	•	•	spond to the colle	ection of	SEC 1474	
					inforn requir	nation cont ed to resp ys a curre	tained in this forn ond unless the fo ntly valid OMB co	n are not rm	(9-02)	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. I
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Securities	Der
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Sec

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Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Munshi Amit						
C/O PULMATRIX, INC., 99 HAYDEN AVE	Х					
LEXINGTON, MA 02421						
Signatures						

<u>**</u>Signature of Reporting Person

Date

Explanation of Responses:

- * 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).

One-fourth (1/4) of the option vests on June 13, 2018 and the remainder vests in thirty-six (36) equal monthly installments with 2.083% vesting on the last day of each of the next thirty-six (36) months that follow June 13, 2018, provided that the reporting person is providing services to the Issuer on the applicable vesting date and subject to the terms and conditions of the Pulmatrix, Inc. 2013 Employee, Director and Consultant Equity Incentive Plan.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.