FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Makker Gotham						2. Issuer Name and Ticker or Trading Symbol ROCKET PHARMACEUTICALS, INC. [RCKT]								6. Relationship of Reporting Person(s) to Issuer Check all applicable) X Director 10% Owner				
(Last) (First) (Middle) C/O ROCKET PHARMACEUTICALS, INC. 430 EAST 29TH STREET, SUITE 1040					3. Date of Earliest Transaction (Month/Day/Year) 03/29/2018									Officer below)	(give title		Other (s below)	pecify
(Street) NEW YORK NY 10016 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	i. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transar Date (Month/Da						2A. Deeme Execution f any Month/Da	Date,	Transaction Dispo		Disposed	rities Acquired (A) ed Of (D) (Instr. 3, 4		Benefici Owned F	es ally Following	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
							Code V		Amount	unt (A) or P		Reported Transact (Instr. 3	ion(s)			(Instr. 4)		
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 D if any (Month/Day/	ate, Tr	ransaction ode (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Co	ode V	v	(A)	(D)	Date Exercisable	Ex Da	piration te	Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$18.75	03/29/2018			A		40,000		(1)	03/	/29/2028	Common Stock	40,000	\$0.00	40,00	0	D	
Stock Option (Right to	\$18.75	03/29/2018			A		3,300		(2)	03/	/29/2028	Common Stock	3,300	\$14.09 ⁽²⁾	3,300		D	

Explanation of Responses:

- 1. This option represents a right to purchase a total of 40,000 shares of the Issuer's Common Stock, 13,336 of which will become fully vested and exercisable on March 29, 2019, with the remaining 26,664 shares vesting in equal monthly installments over the following two years.
- 2. This option represents a right to purchase a total of 3,300 shares of the Issuer's Common Stock, 1,116 of which will become fully vested and exercisable on March 29, 2019, with the remaining 2,184 shares vesting in equal monthly installments over the following two years. This option was issued to the Reporting Person in lieu of director retainer fees of \$46,500.

Remarks:

/s/ Alice Lee, as attorney-infact for Gotham Makker

04/02/2018

** 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.