

<b>OMB APPROVAL</b>	
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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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* <u>RA CAPITAL MANAGEMENT, LLC</u>  (Last) (First) (Middle) 20 PARK PLAZA, SUITE 1200  (Street) BOSTON MA 02116  (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 06/19/2018	3. Issuer Name and Ticker or Trading Symbol <u>Eidos Therapeutics, Inc. [ EIDX ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable)  <input checked="" type="checkbox"/> Director Officer (give title below)	5. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line)  <input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Series B Convertible Preferred Stock	(I)	(I)	Common Stock	1,103,847	(I)	I	See footnote <sup>(2)(3)(4)</sup>

1. Name and Address of Reporting Person* <u>RA CAPITAL MANAGEMENT, LLC</u>  (Last) (First) (Middle) 20 PARK PLAZA, SUITE 1200  (Street) BOSTON MA 02116  (City) (State) (Zip)		
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1. Name and Address of Reporting Person* <u>Kolchinsky Peter</u>  (Last) (First) (Middle) 20 PARK PLAZA, SUITE 1200  (Street) BOSTON MA 02116  (City) (State) (Zip)		
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1. Name and Address of Reporting Person\*

[RA Capital Healthcare Fund LP](#)

(Last) (First) (Middle)

20 PARK PLAZA, SUITE 1200

(Street)

BOSTON MA 02116

(City) (State) (Zip)

**Explanation of Responses:**

1. The convertible preferred stock automatically converts to common stock immediately prior to the closing of the Issuer's initial public offering on a 1.196-for-one basis, and has no expiration date.
2. Represents 751,282 shares of Series B Convertible Preferred Stock held by RA Capital Healthcare Fund, L.P. (the "Fund") and 171,668 shares of Series B Convertible Preferred Stock held in an account owned by a separately managed account (the "Account").
3. RA Capital Management, LLC (the "Adviser") is the general partner of the Fund and the investment adviser for the Account. Peter Kolchinsky is the sole manager of the Adviser. The Adviser and Dr. Kolchinsky may be deemed indirect beneficial owners of the securities and they disclaim beneficial ownership of the reported securities: (A) in reliance on Rule 16a-1(a)(1)(v) and (vii); and (B) held by the Fund, for purposes of Rule 16a-1(a)(2), except to the extent of their pecuniary interest therein.
4. The Adviser and Dr. Kolchinsky have no pecuniary interest in the reported securities held in the Account and disclaim: (A) beneficial ownership thereof for purposes of Rule 16a-1(a)(2); and (B) any obligation to file reports under Section 16 other than as a director by deputization. The filing of this Form 3 shall not be construed as an admission that either the Adviser or Dr. Kolchinsky is or was for the purposes of Section 16(a), or otherwise, the beneficial owner of any of the securities held in the Account.

[/s/ Peter Kolchinsky, Manager  
of RA Capital Management,  
LLC, the General Partner of  
RA Capital Healthcare Fund,  
L.P.](#) 06/19/2018

[/s/ Peter Kolchinsky, Manager  
of RA Capital Management,  
LLC](#) 06/19/2018

[/s/ Peter Kolchinsky,  
individually \\*\\* Signature of  
Reporting Person](#) 06/19/2018

\*\* 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 5 (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.**