

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL	
OMB Number:	3235-0104
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* <u>Aquilo Capital Management, LLC</u> (Last) (First) (Middle) ONE LETTERMAN DRIVE SUITE D4900, BUILDING D (Street) SAN FRANCISCO CA 94129 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 09/11/2020	3. Issuer Name and Ticker or Trading Symbol <u>Spero Therapeutics, Inc. [SPRO]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify 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)
Common Stock, \$0.001 Par Value ⁽¹⁾	4,497,142	I	See Footnotes

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			

1. Name and Address of Reporting Person*
Aquilo Capital Management, LLC
 (Last) (First) (Middle)
 ONE LETTERMAN DRIVE
 SUITE D4900, BUILDING D
 (Street)
 SAN FRANCISCO CA 94129
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Aquilo Capital, L.P.
 (Last) (First) (Middle)
 ONE LETTERMAN DRIVE, SUITE D4900
 BUILDING D, THE PRESIDIO
 (Street)
 SAN FRANCISCO CA 94129
 (City) (State) (Zip)

(City)

(State)

(Zip)

Explanation of Responses:

1. The reporting persons are Aquilo Capital, L.P. (the "Fund"), Aquilo Capital Management, LLC ("Aquilo") and Marc R. Schneidman. Aquilo is the general partner and investment adviser of the Fund that holds securities directly for the benefit of their investors. Aquilo may be deemed to beneficially own such securities indirectly as the investment adviser and general partner of the Fund, and Mr. Schneidman may be deemed to beneficially own them indirectly as the control person of Aquilo. Each of Aquilo, the Fund and Mr. Schneidman disclaims beneficial ownership of such securities except to the extent of his or its pecuniary interest therein.

Aquilo Capital
Management, LLC By: 09/22/2020
Managing Member /s/
Marc Schneidman

Aquilo Capital, L.P., By:
Aquilo Capital
Management, LLC, its
General Partner By: Marc 09/22/2020
Schneidman, its Managing
Member /s/ Marc
Schneidman

** 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.