UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 6-K

Report of Foreign Private Issuer
Pursuant to Rule 13a-16 or 15d-16
Under the Securities Exchange Act of 1934

For the month of January 2018

Commission File Number 001-38079

UROGEN PHARMA LTD.
(Translation of registrant's name into English)

9 Ha'Ta'asiya Street
Ra'anana 4365007, Israel
(Address of principal executive offices)

Indicate by check mark whether the registrant files or will file annual reports under cover Form 20-F or Form 40-F.

Form 20-F ☒ Form 40-F ☐

Indicate by check mark if the registrant is submitting the Form 6-K in paper as permitted by Regulation S-T Rule 101(b)(1): ☐

Indicate by check mark if the registrant is submitting the Form 6-K in paper as permitted by Regulation S-T Rule 101(b)(7): ☐

Included as Exhibit 99.1 to this Form 6-K is a presentation titled "UroGen Pharma – Changing the Standard of Care for Urothelial Cancers January 2018", which is incorporated herein by reference. UroGen Pharma Ltd. intends to utilize this presentation in numerous meetings with securities analysts, investors and others in connection with the Annual J.P. Morgan Healthcare Conference which commenced on January 7, 2018.

The information contained in Exhibit 99.1 hereto is being "furnished" and shall not be deemed "filed" for the purposes of Section 18 of the Securities Exchange Act of 1934, as amended, is not subject to the liabilities of that section and is not deemed incorporated by reference in any filing under the Securities Act of 1933, as amended, or the Securities Exchange Act of 1934, as amended.

Exhibit No.	Description
99.1	UroGen Pharma – Changing the Standard of Care for Urothelial Cancers January 2018

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the Registrant has duly caused this report to be signed on its behalf by the undersigned, thereunto duly authorized.

January 8, 2018

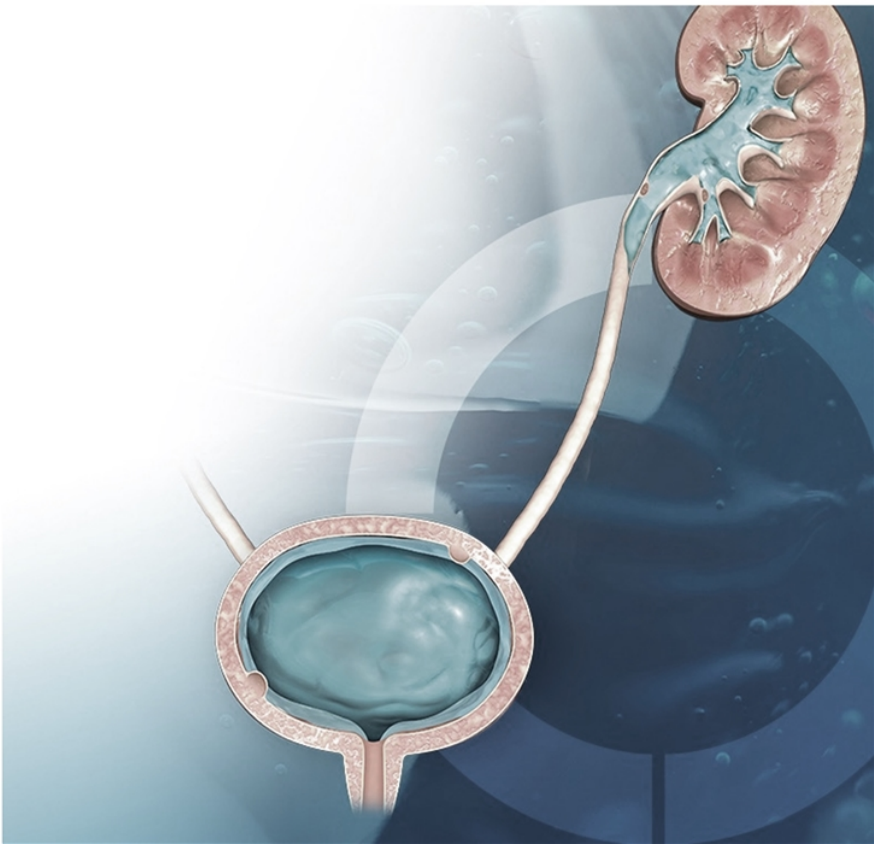
UROGEN PHARMA LTD.

By: /s/ Gary S. Titus
Gary S. Titus
Chief Financial Officer

Exhibit 99.1

UroGen Pharma

Changing the Standard of Care for Urothelial Cancers



January 2018

Forward-Looking Statements

This presentation and the accompanying oral presentation by UroGen Pharma Ltd. ("UroGen") contains forward-looking statements. All statements contained herein other than statements of historical fact constitute forward-looking statements, including statements regarding UroGen's anticipated results of operations and financial position, business strategy and operating plans and UroGen's expectations for future operations.

These forward-looking statements are subject to a number of risks, uncertainties and assumptions, including, but not limited to: the timing and success of preclinical studies and clinical trials conducted by or on behalf of UroGen, including with respect to the efficacy and safety of UroGen's product candidates; UroGen's ability to obtain and maintain regulatory approval of its product candidates, and the labeling for any approved products; the scope, progress, expansion and costs of developing and commercializing UroGen's product candidates; UroGen's ability to obtain and maintain intellectual property protection for its product candidates; UroGen's anticipated growth strategies; UroGen's expectations regarding competition; the anticipated trends and challenges in UroGen's business and the markets in which it operates; UroGen's ability to attract or retain key management and personnel; the size and growth of the potential markets for UroGen's product candidates and its ability to serve those markets; the rate and degree of market acceptance of UroGen's product candidates vis-à-vis alternative or existing therapies; UroGen's expectations regarding regulatory requirements; developments in applicable regulatory regimes; and the manner in which UroGen intends to use its cash resources and the sufficiency thereof. Moreover, UroGen operates in a very competitive and rapidly changing environment in which new risks emerge from time to time. It is not possible for UroGen's management to predict all risks, nor can UroGen assess the impact of all factors on its business or the extent to which any such factor or combination of factors may cause actual results to differ materially from those contained herein. In light of these risks, uncertainties and assumptions, the forward-looking events and circumstances discussed herein may not occur, and UroGen's actual results could differ materially and adversely from those anticipated or implied by the forward-looking statements contained herein. Except at required by law, UroGen undertakes no obligation to update any such forward-looking statements after the date hereof to conform to actual results or changes in UroGen's expectations.

Our Strategy

1. Obtain first FDA drug approval for the treatment of Upper Tract Urothelial Carcinoma (UTUC) (FDA Orphan Drug & Fast Track Designations Granted)
2. Changing the treatment paradigm for low-grade non-muscle invasive bladder cancer (NMIBC)
3. Develop immunotherapy drug to treat high-grade urothelial carcinoma
4. Leverage our strong leadership team

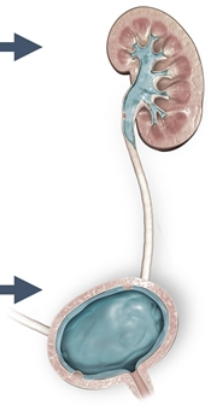
Significant Market Opportunity in Urologic Cancers

- Bladder cancer is one of the top 10 most common cancers in the world
- There is a lack of FDA-approved drugs for the treatment of urinary tract diseases

UTUC:
Upper Tract Urothelial Carcinoma

No drugs approved by FDA

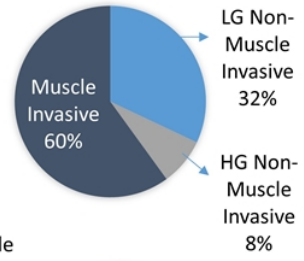
US Prevalence
45,000
US Incidence
7,500/yr

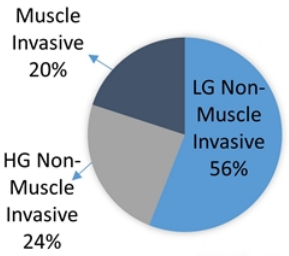


NMIBC:
Non-Muscle Invasive Bladder Cancer

No drugs approved in over 15 years by FDA

US Prevalence
580,000
US Incidence
80,500/yr





Limitations of Current Treatment Options & Procedures

UT Physiology Limits Drug Exposure

Upper Tract = ~ 5 Minutes

Bladder = ~ 30 Minutes

- Constant urine creation
- Bladder and upper tract movement
- Voiding
- Drug washes out before it has a chance to work properly

UT Anatomy Limits Surgical Therapy

Upper Tract = Intricate Structures

Bladder = Hard to See All Tumors

- Renal pelvis anatomy makes it hard to see and reach all tumors
- Not all bladder tumors are easily seen, making complete tumor resection difficult

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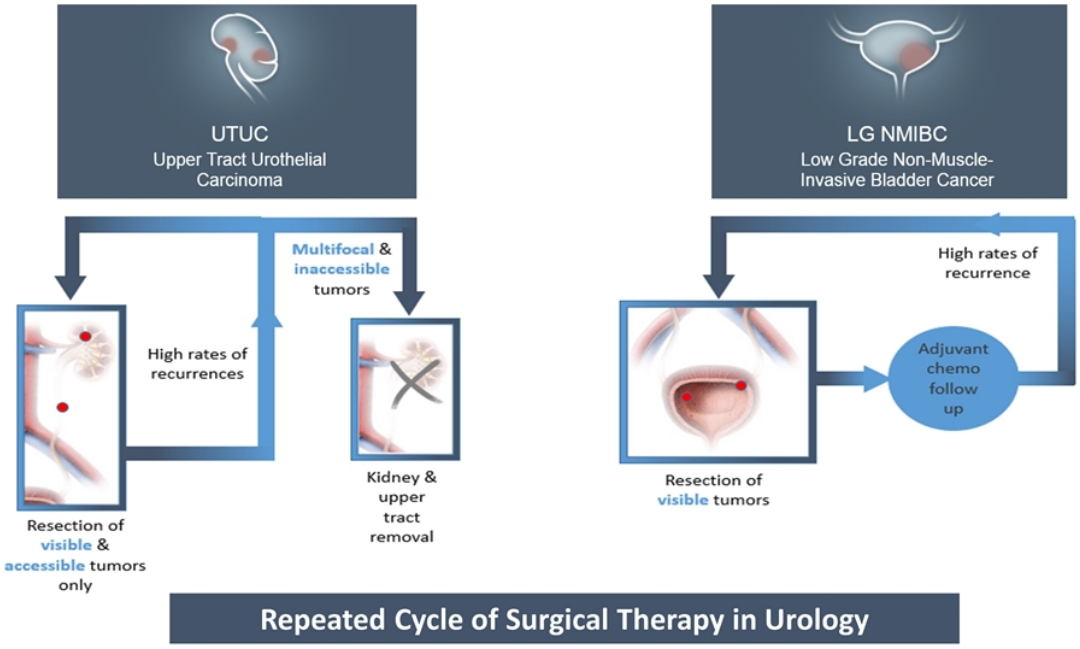
Current Standard of Care for UTUC & NMIBC



Repeated Cycle of Surgical Therapy in Urology

Potential to Create New First-Line Treatment Option

Avoiding Complications of Surgery

- Avoids the need for hospitalization, general anesthesia and associated risks of surgery
- TURBT[1] surgery has limitations due to the inability to properly identify, reach and resect all tumors
- In UTUC, inability to resect tumors often results in kidney and upper tract removal

[1] TURBT: Transurethral Resection of Bladder Tumor (current standard of care

Our Innovative RTGel Platform Technology in Urology

RTGel[(1)]: Liquid at low temperature (LT) and converts into gel form at body temperature (BT) following intravesical instillation

Storage
Room temperature
Gel form

Pre-Instillation
Low temperature
Gel to Liquid form

During Instillation
Low temperature
Liquid form

Post-Instillation
Body temperature
Liquid to Gel form

In Bladder/Upper Tract
Body temperature
Gel form

(1) RTGel: Reverse Thermal Gelation Hydrogel.

The Management Team:
Experienced in Drug Development, Oncology and Urology

Arie Belldegrun, MD, FACS
Chairman

Ron Bentsur
Chief Executive Officer

Gil Hakim
President, Israel Operation

Gary Titus
Chief Financial Officer

Mark Schoenberg, MD
Chief Medical Officer

Christine Cassiano
Corporate Affairs Officer

Elyse Seltzer, MD
SVP, Clinical Development

Paul Chu
VP, Business Development

Jeffrey Bova
VP, Commercial

James Ottinger, R.PH
VP, Regulatory Affairs

The Board of Directors: Established Industry Leadership

Arie Belldegrun, MD, FACS
Chairman

Ron Bentsur
Chief Executive Officer

Kate Falberg
Audit Committee Chair

Cynthia Butitta

Fred Cohen, MD

Stuart Holden, MD

Ran Nussbaum

Pini Orbach, PhD

Clinical Development Pipeline

	Product Candidate	Proposed Indication	Phase 1	Phase 2	Phase 3	Next Milestone	Commercial Rights
CHEMOABLATION	**MitoGel** *(Orphan)*	Low Grade Upper Tract Urothelial Carcinoma (UTUC)			Ph 3	Ph 3 Data = Q3 2018 expected	UroGen
CHEMOABLATION	**VesiGel**	Low Grade NMIBC		Ph 2a		Submit IND; Ph 2b Trial Initiation = 1H 2018 planned	UroGen
IMMUNOTHERAPY	**Vesimune** *(Orphan)*	Carcinoma in Situ (CIS) Bladder Cancer	Ph 1b			Ph2 Trial Initiation Combination Therapies = 2H 2018	UroGen
NEUROMODULATION	**BotuGel**	Overactive Bladder		Ph 2		Ph 2 Initiated by Allergan in November 2017	Allergan

Validating the RTGel Platform Beyond Oncology

BotuGel for Overactive Bladder

- Exclusive license agreement with Allergan
- Potential to evolve from multiple injections of BOTOX into the bladder to a single instillation into the bladder
- Up to $225 million ($25 million already received and $200 million in pending milestones) and tiered royalties on net sales
- Phase 2 trial initiated by Allergan in November 2017

Phase 3

MitoGel™

For Low Grade UTUC

- RTGel / MMC[1] sustained release formulation
- Potential to become first drug ever approved as a first-line chemoablation treatment of low-grade UTUC
- FDA Orphan Drug Designation
- FDA Fast Track Designation
- Planned NDA filing in Q1 2019

[1] MMC: Mitomycin C

MitoGel: Proof of Concept in UTUC

UTUC Compassionate Use Program

- Localized treatment of hard to resect tumors; extensive tumor burden; some with solitary kidney
- Conducted in the United States, Europe and Israel
- >130 instillations performed
- Observed to be generally well-tolerated and feasible to administer

22 Patients with UTUC treated with MitoGel

18 Biopsies confirmed low-grade

14 Completed six weekly instillations

13 Evaluable

Response to MitoGel at PDE[1]

8 = Complete Response

5 = Partial Response

100% response to MitoGel therapy at PDE time point

[1] PDE=Primary Disease Evaluation

MitoGel: Pivotal Trial Design and Expected Timing

Design:
- Single pivotal, open-label, single-arm, Phase 3 trial

Patient Group:
- Patients with low-grade UTUC

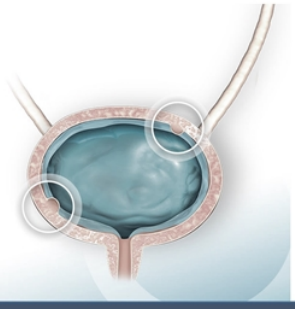
Number of Patients:
- ~70 patients

Treatment Regimen:
- Six weekly instillations of MitoGel

Primary Efficacy Endpoint:
- CR(2) at ~four weeks after last instillation
- Patients with CR will be:
  - Followed for durability
  - Treated with MitoGel monthly for up to 12 months of maintenance therapy

Regulatory Pathway:
- 505(b)(2)

(1) Only if clinical trial is successfully completed; (2) CR: Complete Response



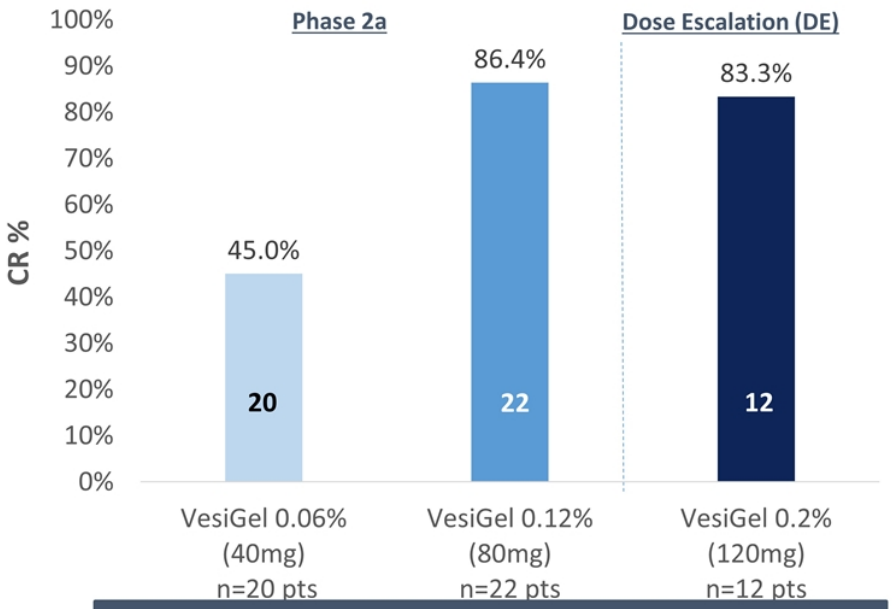
Phase 2a

VesiGel™

For Low-Grade NMIBC

- RTGel / high dose MMC sustained-release formulation
- Potential alternative to TURBT
- Potential first-line chemoablation treatment of low-grade NMIBC

VesiGel: Chemoablation Proof of Concept



- ***86%*** complete response with VesiGel 0.12% (80mg)
- Using higher doses may not increase efficacy

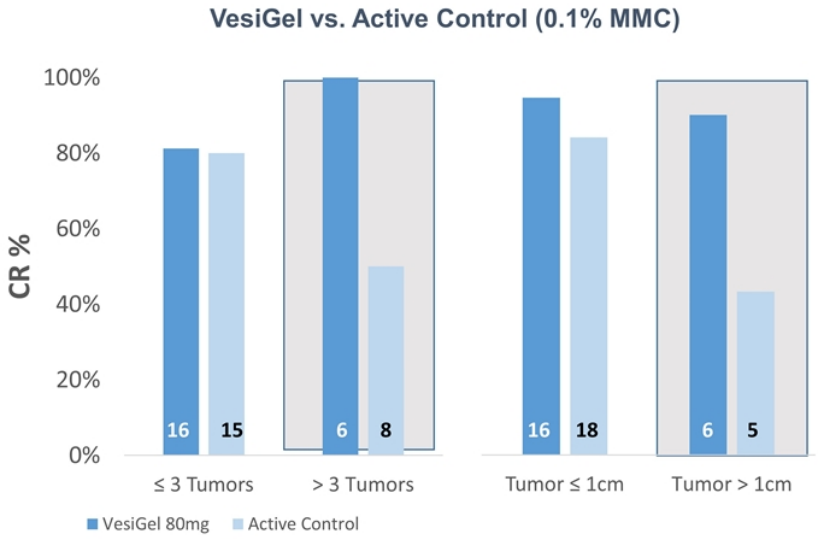
Patient Group:
- Patients with low-grade NMIBC

Number of Evaluable Patients:
- Phase 1: 15 (not shown)
- Phase 2a: 65
- DE: 12 with LG

Treatment Regimen:
- Six weekly instillations
- No TURBT

Primary Efficacy Endpoint:
- CR at ~four weeks after last instillation

VesiGel: Potential Alternative to TURBT



Eligibility for TURBT:
- Tumor size: > 1cm
- Multifocal: > 3 tumors

Shortcomings of TURBT:
- Nonvisible lesions
- Incomplete resection
- Hospitalization
- Anesthesia

VesiGel vs. Active Control:
- Higher CR rates in TURBT eligible group

VesiGel can allow for increased coverage of the bladder tissue designed to overcome shortcomings of TURBT surgery

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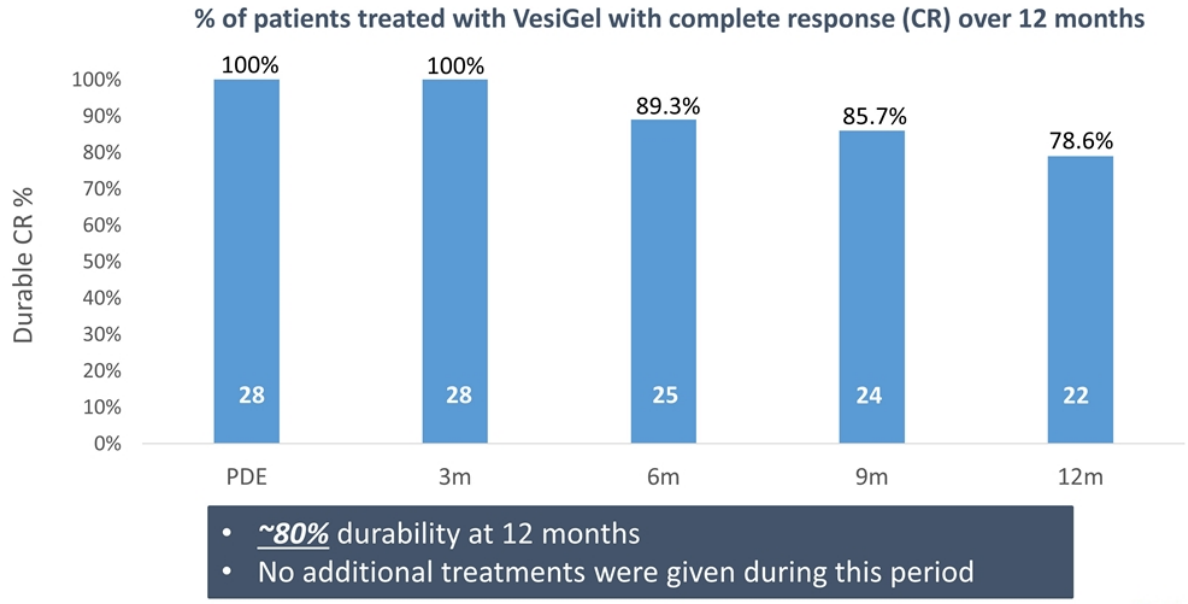
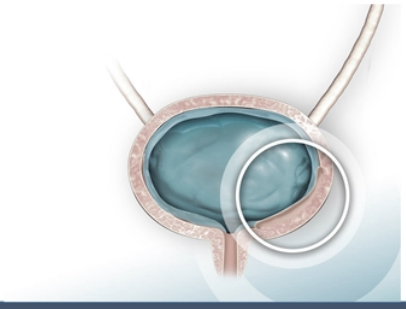
VesiGel: Durable CRs in Clinical Program



- ***~80%*** durability at 12 months
- No additional treatments were given during this period



Phase 1b

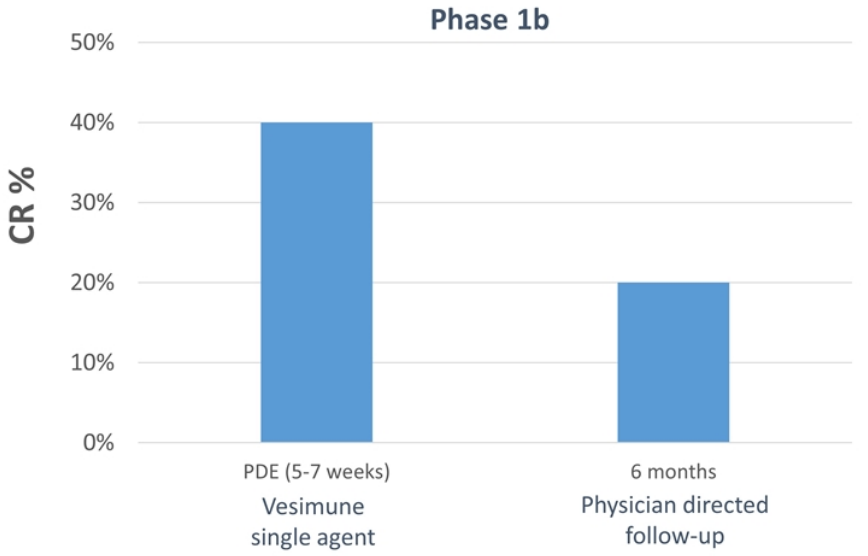
Vesimune

For CIS Bladder Cancer

- Novel Imiquimod formulation for bladder instillation
- Orphan Drug Designation for CIS bladder cancer
- Potential local immunotherapy for the treatment of CIS bladder cancer

CIS = Carcinoma in Situ

Vesimune: Preliminary Proof of Concept Data



- Novel local immunotherapy drug for high-grade NMIBC
- Potential synergism with immune checkpoint inhibitors

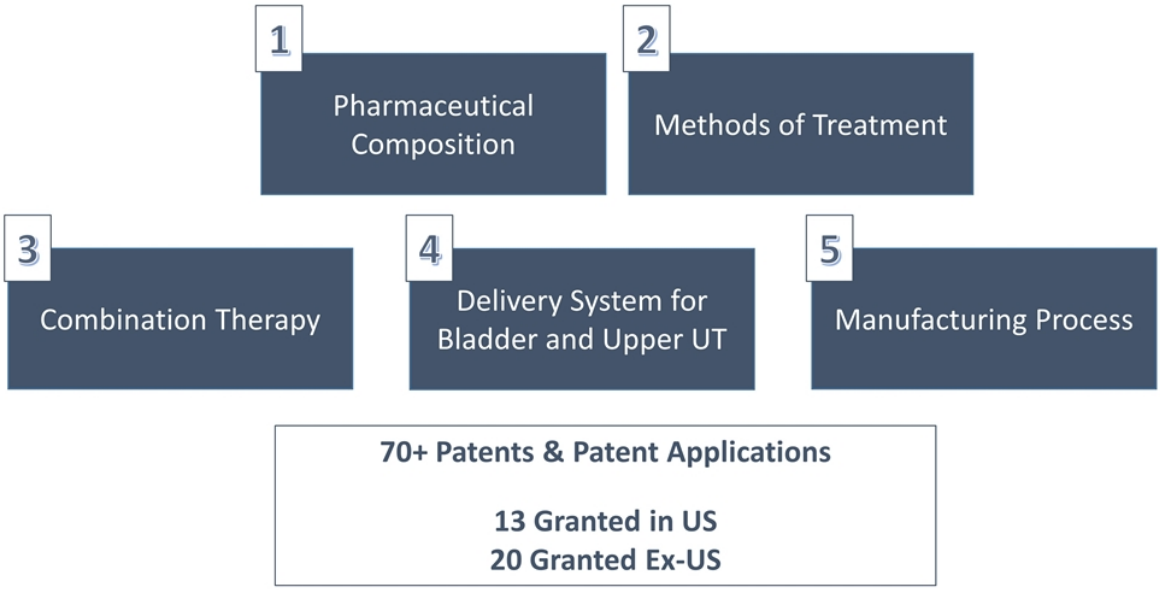
Patient Group:
- Patients with NMIBC

Number of Evaluable Patients:
- DE: 23 (not shown)
- Phase 1: 10 (under U.S. IND)

Treatment Regimen:
- Six weekly instillations
- No TURBT to CIS patients

Primary Efficacy Endpoint:
- CR at 5-7 weeks post last instillation

Broad IP Coverage in Five Interrelated Disciplines



70+ Patents & Patent Applications

13 Granted in US
20 Granted Ex-US

UroGen Highlights

- Emerging leader in the treatment of urothelial cancers and other urological indications
- Potential for first ever FDA drug approval for the treatment of Upper Tract Cancer
- Changing the treatment paradigm for low-grade bladder cancer
- Management team with experience in drug development, oncology and urology
- Strong cash position of ~$79 million as of September 30, 2017

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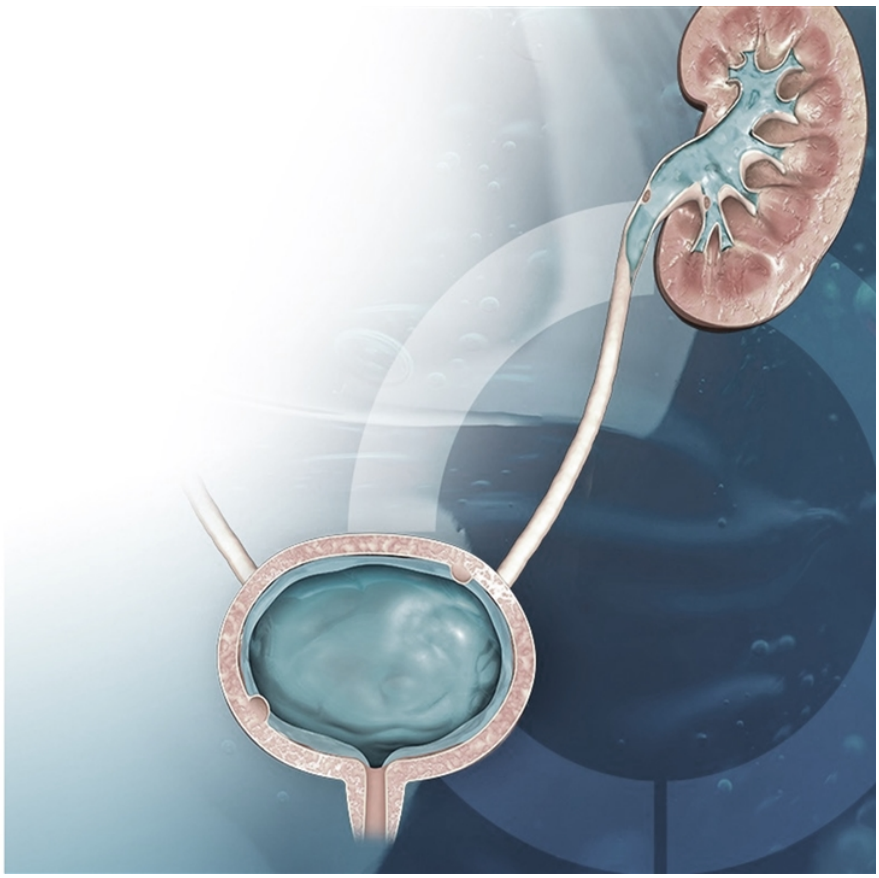
Thank you



UroGen: Transforming Treatment of Urothelial Cancers