FORM 4

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ngton, D.C. 20549	OMB APPRO	OMB APPROVAL				
EC IN DENETICIAL OWNEDCHID	OMB Number:	3235				

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OIVID AFFROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response.	0.5								

Name and Address of Reporting Person* Huertas Pedro						2. Issuer Name and Ticker or Trading Symbol Eloxx Pharmaceuticals, Inc. [ELOX]									ck all applic	'' /		son(s) to Iss 10% Ov Other (s	vner	
(Last)	,	irst) IRACEUTICAL	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/15/2018									_ 2	below)	Chief Medical		below)	вреспу 	
950 WINTER STREET, 4TH FLOOR NORTH					4 16										dividual or '	laint/Craun	Filing	(Chask An	plicable	
(Street)	(Street) WALTHAM MA 02451				4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	X Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	(S	tate)	(Zip)												Persor	1				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date			Date,	Code (Instr. 5)						5. Amou Securitie Beneficia Owned F Reported	s ally following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)		Price	Transact	orted nsaction(s) tr. 3 and 4)			(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 (Month/Day/Year) Price of Derivative Security 3. Transaction Date (Month/Day/Year) if any (Month/Day/Year)				Code (Instr.			n of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				C	ode	v	(A)	(D)	Date Exercisab		Expiration Date	Title	or Ni of	umber						
Stock Option (Right to Buy)	\$6.65	01/15/2018			A		50,000		(1)	o	01/15/2028	Commo Stock		0,000	\$0	50,000)	D		

Explanation of Responses:

1. The option vests over a four-year period commencing on January 15, 2018 in sixteen equal quarterly installments.

01/2<u>2/2018</u> /s/ Pedro Huertas

** 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.