FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours por rosponso:	0.5							

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

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>Aggarwal Sumit</u>					2. Issuer Name and Ticker or Trading Symbol Eloxx Pharmaceuticals, Inc. [ELOX]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
				-							X Directo	r	10% (Owner	
(Last) (First) (Middle)				3.	Date of Earliest Transaction (Month/Day/Year)						X Officer below)	(give title	Other below	(specify	
C/O ELOXX PHARMACEUTICALS, INC.				0	05/18/2021					PRESIDENT AND CEO					
950 WINTER STREET															
				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Individual or Joint/Group Filing (Check Applicable					
(Street)									Lin	Line) X Form filed by One Reporting Person					
WALTHAM MA 02451		02451								Form filed by More than One Reporting					
		·	-								Person				
(City)	(S	tate)	(Zip)												
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned														
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				е	action 2A. Deemed Execution Date, or if any (Month/Day/Yea		Code (Instr.		red (A) or str. 3, 4 and	Beneficia Owned F	s illy ollowing (6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code V	Amour	(A) (D)	Price	Reported Transacti (Instr. 3 a	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 Date, if any (Month/Day/Year)	Code (Instr.		Derivative I		6. Date Exercisable and Expiration Date (Month/Day/Year)		of Securi Underlyii Derivativ	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiratior Date	Title	Amount or Number of Shares		(Instr. 4)	11(5)	
Stock Options (Right to Buy)	\$1.41	05/18/2021		A		992,409		(1)	04/01/203	1 Common Stock	992,409	\$0	992,409) D	

1. The stock options were issued pursuant to the Issuer's 2018 Equity Incentive Plan in accordance with the anti-dilution provisions of the Reporting Person's employment agreement in connection with a Qualifying Financing as defined therein. The stock options vest and become exercisable over the four-year period commencing April 1, 2021, with one-fourth of the shares of common stock underlying the options vesting on April 1, 2022, and the remainder vesting in twelve equal quarterly installments thereafter, subject to Reporting Person's continued employment or other service with the Issuer on each applicable vesting date, which vesting may be accelerated in connection with certain qualifying terminations of employment or in connection with a corporate transaction.

/s/ Neil S. Belloff, Attorney-in-

Fact

** Signature of Reporting Person

Date

05/18/2021

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.