FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-028									

87 Estimated average burden hours per response: 0.5

Check this box if no longer subject to 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

Name and Address of Reporting Person* Livertee Pedro						2. Issuer Name and Ticker or Trading Symbol Eloxx Pharmaceuticals, Inc. [ELOX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Huertas Pedro</u>					1-											irector	10%	Owner	
(Last) (First) (Middle)						Date of Earliest Transaction (Month/Day/Year)								\dashv		officer (give title elow)	Othe belov	r (specify v)	
(Last)	`		05/16/2018									Chief Medical Officer							
C/O ELOXX PHARMACEUTICALS, INC.						03/10/2010													
950 WINTER STREET, 4TH FLOOR NORTH																			
July Waller Stranger, Will 2001. Shift						4. If Amendment, Date of Original Filed (Month/Day/Year)							6.	6. Individual or Joint/Group Filing (Check Applicable					
(Ctroot)													Li	Line)					
(Street) WALTHAM MA 02451													X Form filed by One Reporting Person						
WALIHA	AIVI IVI	A ()2451												Form filed by More than One Reporting				
					-										Person				
(City)	(St	ate) (Zip)																
		Tabl	e I - Nor	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or	Bene	eficia	ally Ov	vned			
1. Title of S	ecurity (Inst	r. 3)		2. Transa	action	2A. Deemed Execution Date,			3.	3. 4. Securities Acquired (A) Transaction Disposed Of (D) (Instr. 3, 4						Amount of curities	6. Ownership Form: Direct	7. Nature of Indirect	
				Date (Month/E	Day/Yea			ı Date,							Be	neficially	(D) or Indirect	Beneficial	
		(N		(Month/Day/Year)		8)							vned Following ported	(I) (Instr. 4)	Ownership (Instr. 4)				
										v	Amount		(A) or (D)		Tra	ansaction(s)		(111301.4)	
					Code	ľ	7	(D)		Price	(In	str. 3 and 4)							
Common Stock ⁽¹⁾ 05/16/2						/2018			A		33,000	(1)	A \$0.0		.00 137,725		D		
		Ta	ble II - [Derivat	ive S	ecu	rities	Acaui	ired. D	isno	osed of,	or B	enefi	ciall	v Own	ed			
											onvertib				,	-			
1. Title of	2.	3. Transaction	3A. Deem	Date, Tran			5. Number		6. Date Exercisable and			7. Title and			8. Price			11. Nature of Indirect Beneficial	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution D if any (Month/Day/			ransaction code (Instr.				Expiration Date (Month/Day/Year)			Amount of Securities		Derivati Security		Ownership Form:		
(Instr. 3)	Price of				8) `		Securities		•		Underlying Derivative		(Instr. 5	Beneficially Owned		Ownership			
	Derivative Security						Acquired (A) or						Security (Instr.			Following	or Indirect		
							Disposed of (D) (Instr. 3, 4					and				Reported Transaction	.(2)		
																(Instr. 4)	i(S)		
							and 5)									- [
				[Am		ount					
												or Nun	her						
							Date		Expiration		of								
				- 1	Code	V	(A)	(D)	Exercisa	ıble	Date	Title	Sha	res				1	

Explanation of Responses:

1. Represents a restricted stock unit ("RSU") award that will vest one quarter (1/4) of the RSUs on May 16, 2019 (the "Initial RSU Vesting Date") and one sixteenth (1/16) of the RSUs shall vest on each successive quarterly anniversary of the Initial RSU Vesting Date.

Remarks:

05/17/2018 /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.