FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHA	ANGES IN	BENEFICIAL	_ OWNERSHIP

l	OMB APPRO	VAL
l	OMB Number:	3235-0287
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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

1. Name and Address of Reporting Person* Snow David P. (Last) (First) (Middle) C/O ELOXX PHARMACEUTICALS, INC. 950 WINTER STREET					2. Issuer Name and Ticker or Trading Symbol Eloxx Pharmaceuticals, Inc. [ELOX] 3. Date of Earliest Transaction (Month/Day/Year) 01/30/2019								(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) CHIEF BUSINESS OFFICER					
(Street) WALTHAM MA 02451 (City) (State) (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	6. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				2A. Deemed Execution Date,		3. Transact Code (In 8)	str. 5) (A) or D		ed (A) or tr. 3, 4 and	5. Amou Securitie Beneficie Owned F Reported Transact	nt of es Form (D) o (I) (Ir d) tion(s)		n: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Dwnership 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)	rivative Conversion Date Execution Date, T curity or Exercise (Month/Day/Year) if any		Co	ransaction of ode (Instr. Derivative		Expiration Date (Month/Day/Year) es d ed estr.		7. Title and Amount of Securities Underlying Derivative Security (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)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					
				Co	ode \	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares						
Stock Options	\$11.53	01/30/2019			A		55,000		(1)	0	1/30/2029	Common Stock	55,000	\$0 ⁽²⁾	55,00	0	D		
Restricted Stock Units	(3)	01/30/2019		1	A		25,000		(4)		(4)	Common Stock	25,000	\$0 ⁽⁵⁾	25,00	0	D		

Explanation of Responses:

- 1. The option vests and becomes exercisable over a four-year period, with one-fourth of the shares of common stock underlying the options vesting on January 30, 2020, and the remainder vests in twelve equal quarterly installments thereafter.
- 2. The stock options were issued pursuant to the Issuer's 2018 Equity Incentive Plan.
- 3. Each restricted stock unit represents a contingent right to receive one share of the Issuer's common stock.
- 4. The restricted stock units will vest as follows: 25% after first anniversary and ratably each quarter over the next three years thereafter subject to the reporting person's continued employment with the Issuer, which vesting may be accelerated in certain circumstances. Vested shares will be delivered promptly after each vesting date.
- $5. \ The \ restricted \ stock \ units \ were \ is sued \ pursuant \ to \ the \ Is suer's \ 2018 \ Equity \ Incentive \ Plan.$

/s/ Neil S. Belloff, Attorney-in-01/31/2019 Fact

** 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.