Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ı	OMB APPROVAL											
	OMB Number:	3235-0287										
	Estimated average burden											
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

1. Name and Address of Reporting Person*  WEAVER GREGORY L  (Last) (First) (Middle)						Issuer Name and Ticker or Trading Symbol     Eloxx Pharmaceuticals, Inc. [ ELOX ]      Just of Earliest Transaction (Month/Day/Year)								Relationship leck all applic Directo X Officer below)	cable) or (give title	j Perso	on(s) to Iss 10% Ov Other (s below)	vner
C/O ELOXX PHARMACEUTICALS, INC. 950 WINTER STREET						01/30/2019									F FINANC			
(Street) WALTHAM MA 02451				_   4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)															
		Tab	ole I - Non	-Deriv	/ativ	e Se	curities	s Ac	quired, I	Dis	1			ly Owned	l			
Date			2. Trans Date (Month/		ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) 8)			5. Amou Securitie Beneficie Owned F Reported	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) o (D)	Price	Transact (Instr. 3	tion(s)			(Instr. 4)	
		-	Table II - I (						uired, Di , option					Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution D if any (Month/Day	ate,	4. Transa Code ( 8)		of		6. Date Exercisal Expiration Date (Month/Day/Year			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ve es ally ig d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisabl		expiration pate	Title	Amount or Number of Shares					
Stock Options	\$11.53	01/30/2019			A		60,000		(1)	0	1/30/2029	Common Stock	60,000	\$0 <sup>(2)</sup>	60,000		D	
Restricted Stock Units	(3)	01/30/2019			A		20,000		(4)		(4)	Common Stock	20,000	\$0 <sup>(5)</sup>	20,000		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 issued pursuant to the Issuer's 2018 Equity Incentive Plan.

/s/ Gregory L. Weaver 01/31/2019

\*\* 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.