FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB APPROVAL

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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).

## 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*  Belloff Neil S.  (Last) (First) (Middle)  C/O ELOXX PHARMACEUTICALS, INC.  950 WINTER STREET  (Street)  WALTHAM MA 02451					3. D 04/	Issuer Name and Ticker or Trading Symbol     Eloxx Pharmaceuticals, Inc. [ ELOX ]      Output     Date of Earliest Transaction (Month/Day/Year)     Output     A. If Amendment, Date of Original Filed (Month/Day/Year)									S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner     X Officer (give title Other (specify below)     COO, GENERAL COUNSEL &CORP SEC      6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
(City)	(Si	tate) (	(Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						Execution Date,		Cod	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			Benefici	es ally Following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Cod	v	Amount	Amount (A) or (D)		Price	Transac	Transaction(s) (Instr. 3 and 4)			(111311.4)	
Common Stock 04/30/				0/2020	/2020		М		1,56	2	A	<b>\$0</b> <sup>(1)</sup>	5,	5,646		D				
Common Stock 04/30/				0/2020	/2020		F		459		D	\$2.92	5,187		87 D					
	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)		4. Transaction Code (Instr. 8)		n of E		Expirati	i. Date Exercisable and Expiration Date Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ownersi Form: Direct (I or Indire (I) (Instr.	Ownership	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	0 1	Amount or Number of Shares						
Restricted Stock Units	(1)(2)	04/30/2020			M			1,562	(1)		(1)	Com		1,562	\$0 <sup>(3)</sup>	17,188 <sup>0</sup>	(4)	D		

## **Explanation of Responses:**

- 1. The restricted stock units issued to the reporting person on January 30, 2019 have partially vested and settled for shares of the Issuer's common stock.
- 2. Each restricted stock unit represents a contingent right to receive one share of the Issuer's common stock.
- 3. The restricted stock units were issued pursuant to the Issuer's 2018 Equity Incentive Plan.
- 4. The remaining restricted stock units will vest ratably each quarter through January 30, 2023, subject to the reporting person's continued employment with the Issuer, which vesting may be accelerated in certain circumstances.

/s/ Neil S. Belloff

05/01/2020

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.