| SEC For | | | | | e er | | 1710 | | EVOUA | | | SSION | | | | | | |
|--|---|--|---|---|--|--|------|--|--------------------|---|--|---|---|--|--|--|--|--|
| FORM 4 UNITED STAT | | | | | ES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | | OMB APPROVAL | | | |
| Section 16. Form 4 or Form 5 obligations may continue. See | | | | | T OF CHANGES IN BENEFICIAL OWNERSHIP pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 | | | | |
| 1. Name and Address of Reporting Person [*] <u>PAREKH RAJESH B</u> | | | | | | | | ker or Trading Cuticals, In | | (Ch | 5. Relationship of Reporting Person((Check all applicable) X Director | | | i) to Issi 10% Ow | | | | |
| (Last) (First) (Middle) C/O ELOXX PHARMACEUTICALS, INC | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/15/2022 | | | | | | | Officer (give title Other (spe below) below) | | | | | | |
| 480 ARSENAL WAY, SUITE 130 | | | | 4. | If Ame | ndment, I | Date | of Original Fil | ed (Month/Da | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) WATERTOWN MA 02472 | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | |
| | | Tab | ole I - Non-Der | ivativ | ve Seo | curities | s Ac | quired, Di | isposed o | of, or Be | neficial | y Owned | l | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | Execution I | | | , Transaction Disposed Code (Instr. 5) | | ities Acquired (A) or d Of (D) (Instr. 3, 4 a | | Beneficia Owned F | es ally following | 6. Owners Form: Dire (D) or Indi (I) (Instr. 4 | ect o rect l | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code V | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| | | - | Table II - Deriv (e.g., | | | | | uired, Dis s, options, | | | | Owned | | | | | | |
| 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) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and 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 Beneficial Owned Following Reported Transactio (Instr. 4) | ly Dire or li (I) (I) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | | | |
| Stock Options (Right to Buy) | \$0.26 | 06/15/2022 | | А | | 20,000 | | (1) | 06/15/2032 | Common Stock | 20,000 | \$0 | 20,000 | 2) | D | | | |

Explanation of Responses:

1. The stock option vests as to 50% of the underlying shares on June 15, 2023 and the remainder in twelve (12) equal monthly installments thereafter.

2. The Reporting Person will assign the economic interests of this grant to Advent Life Sciences LLP. The Reporting Person is a general partner of Advent Life Sciences LLP.

| /s/ Sumit Aggarwal, Attorney- | 06/16/2022 |
|----------------------------------|------------|
| in-Fact for Rajesh B. Parekh | |
| ** 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.