FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

ONIB APPROVAL									
OMB Number:	3235-0287								
Estimated average burd	len								
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).

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

											_										
Name and Address of Reporting Person* Williams Croggory C.				2. Issuer Name and Ticker or Trading Symbol Eloxx Pharmaceuticals, Inc. [ELOX] 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)																	
Williams Gregory C.					-	[22371]										X Direct	or		10% O	wner	
(Last)	(Fi	irst)	(Middle)		3. 🖸	Date of Earliest Transaction (Month/Day/Year)										X Office below			Other (below)	specify	
C/O ELO	OXX PHAR	RMACEUTICAL	S, INC.		10/	30/20	020									CHIEF EXECUTIVE OFFICER					
950 WINTER STREET																					
						4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable					
(Street)															Line	,	filed by One	Don	arting Doros		
WALTH	AM M	A	02451												X Form filed by One Reporting Person Form filed by More than One Reporting						
-																Perso		C IIIAI	TOTIE REPO	nuing	
(City)	(S	tate)	(Zip)																		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Trans			action	ction 2A. Deemed 3. 4. Securities Acquired (A Execution Date, Transaction Disposed Of (D) (Instr. 3,					5. Amo Securit				7. Nature of Indirect								
					Day/Year) if any			Co	Code (Instr. 5)						Benefic		(D) o	(D) or Indirect	Beneficial Ownership		
					"	(Month/Day/Year		" "				(A) or			Reporte	ed	""	(1113411 4)	(Instr. 4)		
									Co	de V		Amount		D)	Price	(Instr. 3					
Common Stock 10/30)/2020	2020		N	ſ		1,875	5	Α	\$0 ⁽¹⁾	9,382			D			
Common Stock 10/30			/2020		I			625		D	\$2.53	(1) 8	8,757		D						
		Т														Owned					
				(e.g., p	uts,	calls	, wa	rrants	s, opt	ions,	C	onverti	ble s	ecur	rities)						
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security Security 3. Transaction Date (Month/Day/Year) if any (Month/Day/Y			Date,	Date, Transactio		on of		Expira	6. 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. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
															Amount or						
					Code	v	(A)	(D)	Date Exerc	sable		xpiration ate	Title	- 1	Number of Shares						
Restricted Stock Units	(1)(2)	10/30/2020			M			1,875	(1)		(1)	Comn		1,875	\$0 ⁽³⁾	16,875	(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, Attorney-in-Fact 11/02/2020

** 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.