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Snow David P. Form 4											
January 31, 2019									PPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								N OMB	3235-0287		
Check this box			Wa	ashington	, D.C. 20	549		Number:	January 31,		
if no longer subject to Section 16. Form 4 or Form 5		F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Estimated burden hou	Expires: 2005 Estimated average burden hours per response 0.5			
obligations may continue. See Instruction 1(b).											
(Print or Type Respon	ises)										
1. Name and Address Snow David P.	Symbol Issuer Issuer Issuer Issuer				Reporting Person(s) to						
(Last) (First) (1	Middle)	3. Date of	of Earliest T	ransaction		- (Che	eck all applicabl	k all applicable)		
C/O ELOXX PHARMACEUT WINTER STREI	(Month/Day/Year) 01/30/2019			below)	Officer (give title Other (specify						
			4 If Am	andmant D	ote Origing	1	6 Individual or	Joint/Group Fili	ng(Chook		
				Filed(Month/Day/Year)			Applicable Line) _X_ Form filed by Form filed by	_X_ Form filed by One Reporting Person Form filed by More than One Reporting			
	State)	(Zip)	7 1			c	Person	6 D 6 '			
		-					Acquired, Disposed		-		
	nsaction Date th/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8)	Disposed	(A) or of (D)	Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(D) Pric	(Instr. 3 and 4)				
Reminder: Report on	a separate line	for each cla	ass of sec	urities bene	ficially ow	ned directl	y or indirectly.				
					inforn requir	nation co red to res iys a curi	espond to the colle ntained in this form pond unless the fo rently valid OMB co	n are not rm	SEC 1474 (9-02)		
	Tab						or Beneficially Owned e securities)	1			

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	iorDerivative	Expiration Date	Underlying Securities

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A or Disposed (D) (Instr. 3, 4, and 5))	(Month/Day/Year)		(Instr. 3 and 4)	
				Code V	(A) (D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Options	\$ 11.53	01/30/2019		А	55,000	<u>(1)</u>	01/30/2029	Common Stock	55,000	
Restricted Stock Units	(3)	01/30/2019		А	25,000	<u>(4)</u>	<u>(4)</u>	Common Stock	25,000	

Reporting Owners

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
Snow David P. C/O ELOXX PHARMACEUTICALS, INC 950 WINTER STREET WALTHAM, MA 02451			CHIEF BUSINESS OFFICER					
Signatures								
/s/ Neil S. Belloff, Attorney-in-Fact	/31/2019							

**Signature of Reporting Person

Date

Explanation of Responses:

- * 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).
- (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.
- The restricted stock units will vest as follows: 25% after first anniversary and ratably each quarter over the next three years thereafter
 (4) 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.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.