Edgar Filing: Noiman Silvia - Form 4

Noiman Silv Form 4	ia											
Form 4 June 19, 201	8											
FORM /									OMB APPROVAL			
Check this box if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES OMB 3235-020 Section 16. SECURITIES January 3 200								Number:				
								2005 average				
(Print or Type F	Responses)											
Noiman Silvia Symbol				uer Name and Ticker or Trading ol x Pharmaceuticals, Inc. [ELOX]					5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle) 3. Date of				of Earliest Transaction Day/Year) 2018					(Check all applicable) <u>X</u> Director <u>10%</u> Owner <u>X</u> Officer (give title <u>Other</u> (specify below) Chief Executive Officer			
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
WALTHAM	A, MA 02451								Form filed by M Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-	Der	rivative Se	curiti	es Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Executio any		3. Transact Code (Instr. 8) Code V	ion((4. Securitie (A) or Disp (Instr. 3, 4 a) Amount	(A) or	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	06/15/2018			A		141,389	(D) A	\$ 0	141,389	D		

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

Edgar Filing: Noiman Silvia - Form 4

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. Transactio Code (Instr. 8)	5. Number of orDerivative 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 o Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amoun Numbe Shares
Employee Stock Option (Right to Buy)	\$ 23.27	06/15/2018		A	141,389	06/15/2018	06/15/2028	Common Stock	141,3
Employee Stock Option (Right to Buy)	\$ 23.27	06/15/2018		А	40,000	<u>(1)</u>	06/15/2028	Common Stock	40,00

Reporting Owners

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
Noiman Silvia C/O ELOXX PHARMACEUTICALS, INC. 950 WINTER STREET, 4TH FLOOR NORT WALTHAM, MA 02451	TH X		Chief Executive Officer					
Signatures								
/s/ Gregory Weaver, Attorney in Fact 06,	/19/2018							
**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).

One half (1/2) of the shares underlying the option shall vest on June 15, 2019 (the "Cliff Vesting Date"), the remainder of the grant shall
 (1) vest in equal installments on each successive monthly anniversary of the Cliff Vesting Date, subject to Reporting Person's continuous service as of each such date.

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.