

Huertas Pedro  
 Form 3  
 December 29, 2017

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
 Expires: January 31, 2015  
 Estimated average burden hours per response... 0.5

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person * Â Huertas Pedro (Last) (First) (Middle)	2. Date of Event Requiring Statement (Month/Day/Year) 12/20/2017	3. Issuer Name and Ticker or Trading Symbol Eloxx Pharmaceuticals, Inc. [SVOND]	4. Relationship of Reporting Person(s) to Issuer  (Check all applicable)  <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) Chief Medical Officer	5. If Amendment, Date Original Filed(Month/Day/Year)
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C/O ELOXX  
 PHARMACEUTICALS,  
 INC.,Â 950 WINTER STREET,  
 4TH FLOOR NORTH  
 (Street)

WALTHAM,Â MAÂ 02451  
 (City) (State) (Zip)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Stock Option (Right to Buy)	Â (1)	05/01/2025	Common Stock	120,363 (4)	\$ 1 (4)	D	Â
Stock Option (Right to Buy)	Â (2)	01/24/2026	Common Stock	24,957 (4)	\$ 1 (4)	D	Â
Stock Option (Right to Buy)	Â (3)	07/16/2027	Common Stock	14,395 (4)	\$ 0.96 (4)	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Huertas Pedro C/O ELOXX PHARMACEUTICALS, INC. 950 WINTER STREET, 4TH FLOOR NORTH WALTHAM, MA 02451	Â	Â	Â Chief Medical Officer	Â

## Signatures

/s/ Pedro Huertas                      12/29/2017  
 \*\*Signature of                              Date  
 Reporting Person

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, see Instruction 5(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).  
 The option vests and become exercisable over a four-year period commencing on May 1, 2015, with twenty-five percent (25%) of the  
 (1) shares of common stock underlying the options vested on May 1, 2016, and the remainder vesting in twelve equal installments at the end of each subsequent quarter over the course of three (3) years.  
 (2) The option vests over a three-year period commencing on January 24, 2016 in twelve equal quarterly installments.  
 (3) The option vests over a four-year period commencing on July 16, 2017 in sixteen equal quarterly installments.  
 (4) Exercise price and number of option shares, as applicable, have been adjusted to reflect the Issuer's 1-for-20 reverse stock split of its issued and outstanding shares of common stock effected on December 19, 2017.

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.