Form 3 December 29, 2017 UNITED STATES SECURITIES AND EXCHANGE COMMISSION FORM 3 Washington, D.C. 20549 OMB Number: **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF** Expires: **SECURITIES** Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, response... 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 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Person * Statement Eloxx Pharmaceuticals, Inc. [SVOND] Veinrib Gadi (Month/Day/Year) 12/19/2017 (Last) (First) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year)

C/O ELOXX PHARMACEUTICALS, INC., Â 950 WINTER STREET, **4TH FLOOR NORTH**

Veinrib Gadi

(Street)

WALTHAM, MAÂ 02451

					Reporting Person			
(City) (Si	tate)	(Zip)	Table I - Non-Deriv	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)			
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.		urities beneficially	SEC 1473 (7-02))				
		who respond to the c ion contained in this f						

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	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	(Instr. 5)
		(Instr. 4)	Price of	Derivative	
			Derivative	Security:	

OMB APPROVAL

3235-0104 January 31, 2005 Estimated average burden hours per 0.5

10% Owner _X_ Director Officer _ Other (give title below) (specify below)

(Check all applicable)

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

1

Edgar Filing: Veinrib Gadi - Form 3

Date	Expiration	Title	Amount or	Security	Direct (D)
Exercisable	Date		Number of		or Indirect
			Shares		(I)
					(Instr. 5)

Reporting Owners

Reporting Owner Name / Address		Relationships			
	Director	10% Owner	Officer	Other	
Veinrib Gadi C/O ELOXX PHARMACEUTICALS, INC 950 WINTER STREET, 4TH FLOOR NOI WALTHAM, MA 02451		ÂX	Â	Â	Â
Signatures					
s/ Gregory Weaver, Power of 12/29 Attorney		/2017			
**Signature of Reporting Person	Da	ate			

Explanation of Responses:

No securities are beneficially owned

- * 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).

Â

Remarks:

Exhibit 24 - Power of Attorney. Gregory Weaver, Chief Financial Officer, is signing on behalf ofÂ

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.