FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

					01 000	0011 00		nvestiner	11 001	npany Act c	n 1340							
1. Name and Address of Reporting Person* Schmid John P.						2. Issuer Name and Ticker or Trading Symbol Xeris Biopharma Holdings, Inc. [XERS]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Semina John F.</u>					· · · ·								Х	Direc	tor		10% O\	vner
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 06/07/2023									Office belov	er (give title v)		Other (s below)	specify	
C/O XERIS BIOPHARMA HOLDINGS, INC.						4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable					
1375 WEST FULTON STREET, SUITE 1300						4. II Amenument, Date of Original Fileu (Nontri/Day/Year)							Line)					
13/3 TEOLION STREET, SOILE 1500													Х	X Form filed by One Reporting Person				
(Street)														Form filed by More than One Reporting Person				
CHICAGO IL 60607				Dula 10hF 1(a) Transportion Indiantian														
					- Rule 10b5-1(c) Transaction Indication													
(City) (State) (Zip)					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	I - No	n-Derivat	ive Se	ecuri	ties Acc	quired,	Dis	posed of	, or E	Benefi	cially	/ Owr	ned			
1. Title of Security (Instr. 3) 2. Transacting Date (Month/Day)					Execution Date,					es Acquired (A) o Of (D) (Instr. 3, 4		and Securities Beneficia Owned Following		ties cially I ing	Forr (D) d	n: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	Amount (A) or (D)		ce	Reported Transaction(s) (Instr. 3 and 4)				
Common Stock 06/07/20					023		A		42,500	L) /	A	\$ <mark>0</mark>) 63,159		D			
		Tab		Derivativ (e.g., put										Owne	d			
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. Transaction Code (Instr. 8)		5. Number of Derivative 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 of Securities Underlying Derivative Security (Instr. 3 and		Deri Sec (Ins	rice of vative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
												Amoun or Numbe						

Explanation of Responses:

1. These shares were acquired pursuant to a restricted stock unit award under the Company's 2018 Stock Option and Incentive Plan. Each restricted stock represents a contingent right to receive one share of the Company's common stock. These shares shall vest in full upon the earlier to occur of June 7, 2024 or the date of the Company's next annual meeting of stockholders.

(D)

(A)

Date

Exercisable

Remarks:

/s/ Beth Hecht as Attorney-in-06/07/2023

<u>Fact</u>

٥f

Shares

Title

Expiration Date

** 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.

Code

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.

OMB APPROVAL

OMB Number:	3235-0287						
Estimated average burden							
hours per response:	0.5						