FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burd | en | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* JOHNSON KENNETH ERLAND (Last) (First) (Middle) | | | | | <u>XE</u>] | 2. Issuer Name and Ticker or Trading Symbol XERIS PHARMACEUTICALS INC XERS 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | 5. Relationship of Reporting Pers Check all applicable) Director X Officer (give title below) | | | 109 Oth bel | 6 Owner er (specify | |
|---|--|----|------------------|---|-----------------------------------|--|--|--|--|---|----------------------|---|-------------|--------|--|---|--|---|------------------------|--|
| C/O XERIS PHARMACEUTICALS, INC. 180 N. LASALLE STREET, SUITE 1810 | | | | | | 02/19/2019 | | | | | | | | | | | | | | |
| (Street) CHICAGO IL 60601 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | action 2A Ex Day/Year) if a | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Trans | 3. 4. Secur Transaction Dispose Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, | | |) or 5. Am 4 and Secul Bene | | ount of ties cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect | |
| | | | | | | | | | | V | Amount | - (| A) or D) | Price | | (Instr. | action(s) 3 and 4) | | | |
| Common Stock 02/19/ | | | | | |) | | | P ⁽¹⁾ | | 1,00 | 0 | A | A \$10 | | -, -, - | | D | | |
| | | Та | ble II - D () | | | | | | | | osed of, onvertib | | | | y Ov | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | Date, y/Year) | 4. Transaction Code (Instr. 8) | | n of Deriv Secu Acqu (A) o Dispo of (D | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Date Exercisable and Expiration Date Month/Day/Year) Date Expiration Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amour or Numbe of Title Shares | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D or Indirec (I) (Instr. | Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

1. Mr. Johnson purchased shares of common stock from the underwriters in a public offering pursuant to the registrant's Registration Statement on Form S-1 (File No. 333-229665, completed on February 19, 2019). The shares of common stock were purchased at the public offering price.

Remarks:

Senior Vice President Clinical Development, Quality Assurance, and Medical Affairs

<u>/s/ Beth Hecht</u> <u>02/25/2019</u>

** 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.

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.