## 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	20011-00		Investmen		npany Act u	/ 1040	,	-						
1. Name and Address of Reporting Person <sup>*</sup> SHERMAN JEFFREY W						2. Issuer Name <b>and</b> Ticker or Trading Symbol Xeris Biopharma Holdings, Inc. [XERS]							(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
												-  X				10% Ov			
(Last)	Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 06/07/2023								Officer (give title below)			Other (specify below)			
C/O XERIS BIOPHARMA HOLDINGS, INC.						4. If Amendment, Date of Original Filed (Month/Day/Year)							6 100	6. Individual or Joint/Group Filing (Check Applicable					
1375 WEST FULTON STREET, SUITE 1300						4. II Amenument, Date of Original Filed (Month/Day/Year)								Line)					
15/5 WEST FOLION STREET, SOTTE 1500												X	Form filed by One Reporting Person				on		
(Street) CHICAGO IL 60607					Form filed by Person								by More than One Reporting						
CIIICAGO IL 0000/			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.										ended to				
		Table	I - Noi	n-Derivat	tive S	ecuri	ties Acq	uired,	Dis	posed of	, or l	Bene	eficial	ly Owr	ned				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execution Date,		3.4. SecuritiTransactionDisposedCode (Instr.5)8)		es Acquired (A) o Of (D) (Instr. 3, 4		(A) or 3, 4 and	5. Amo Securi Benefi Owneo Follow	ties cially I	6. Owne Form: D (D) or Indirect (Instr. 4	Direct   0     t (I)   0	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v	Amount	(A (D	) or )	Price		ted action(s) 3 and 4)				
Common Stock 06/07/2				023			A		42,500(1	L) .	A	\$ <mark>0</mark>	10	107,878		)			
		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)	if any	tion Date,	4. Transac Code (I 8)	ction Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	(Month/Day, urities urities or oosed )) (r: 3, 4		te	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		1 4)	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow Foi Or (I)	vnership rm: rect (D) Indirect (Instr. 4)	Beneficial Ownership (Instr. 4)	
									- 1			Amo	unt					1	

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>

Expiration Date

\*\* Signature of Reporting Person Date

or Number

Shares

of

Title

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

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