FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

wasnır	igton,	D.C.	20549

STATEMENT	OF CHANGES IN	N BENEFICIAL	OWNERSHIP

	OMB APPI	ROVAL							
	OMB Number: 3235-0								
	Estimated average burden								
1	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

Name and Address of Reporting Person* Edick Paul R					2. Issuer Name and Ticker or Trading Symbol XERIS PHARMACEUTICALS INC XERS								(Chec	Relationship of Reporti Check all applicable)			10% (Owner	
(Last) (First) (Middle) C/O XERIS PHARMACEUTICALS, INC. 180 N. LASALLE STREET, SUITE 1600				3. Date of Earliest Transaction (Month/Day/Year) 03/11/2019								X	X Officer (give title below) Other (specify below) See Remarks						
(Street) CHICAC	(Street) CHICAGO IL 60601												6. Ind Line) X	,					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date			2. Transacti Date (Month/Day		Execution Date,				4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			l 5)	5. Amount of Securities Beneficially Owned Following Reported				7. Nature of Indirect Beneficial Ownership		
										v	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common	Stock			03/11/20)19	9		P		30,000	A	\$9.11	95 ⁽¹⁾	5(1) 155,000			D		
Common Stock															13,430(2)			I	By: Paul R. Edick 2008 Revocable Trust u/d/t dated 6/25/2018
		Та	able II								osed of, convertib				wned				
1. Title of Derivative Security (Instr. 3)	e of titve Conversion or Exercise Price of Derivative Security 3. Transaction Date Execution Date, if any (Month/Day/Year) 9. Of Conversion Date (Month/Day/Year) 1. Transaction Date (Month/Day/Year) 1. Transaction Date (Month/Day/Year) 2. A. Deemed Execution Date, if any (Month/Day/Year) 2. Conversion Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 4. Transaction Date (Month/Day/Year) 5. Derivative Security		4. Transa Code (5. Number of		6. Date Exer Expiration D (Month/Day/		cisable and ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Title Shares		8. F Der Sec (Ins	Price of ivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

- 1. The price reported in column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$8.98 to \$9.25, inclusive. The reporting person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the
- 2. The reporting person disclaims beneficial ownership of these securities except to the extent of his pecuniary interest therein, and the inclusion of these shares in this report shall not be deemed an admission of beneficial ownership of all of the reported shares for purposes of Section 16 or for any other purpose.

Chairman, President & Chief Executive Officer

/s/ Beth Hecht, as Attorney-in-03/12/2019 **Fact**

** 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.