### Edgar Filing: BRACA JOHN N - Form 4

BRACA JOHN N Form 4										
December 21, 20									PPROVAL	
<b>CURIVI 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									3235-0287	
Check this box if no longer subject to Section 16. Form 4 or	AENT OI		SECUI	Estimated burden hou response	urs per					
Form 5 obligations may continue. See Instruction 1(b).	Section 17(	a) of the I	Public U	tility Hol	ding Con		nge Act of 1934, of 1935 or Secti 940			
(Print or Type Respo	nses)									
1. Name and Addres BRACA JOHN	Symbol	er Name <b>an</b> e Therapeu		Trading [SVOND	<ul><li>5. Relationship of Reporting Person(s) to Issuer</li><li>[ (Check all applicable)</li></ul>					
(Last) (First) (Middle) 950 WINTER STREET				of Earliest T Day/Year) 2017	ransaction		Director 10% Owner Officer (give titleX Other (specify below) See Remarks			
WALTHAM, M	4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
	ansaction Date th/Day/Year)		Date, if	3. Transactio Code (Instr. 8)	4. Securiti nAcquired Disposed (Instr. 3, 4	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Report on	a separate line	e for each cla	ass of sec	Code V urities bene		(D) Price				
					inform requir	ation cont ed to resp ys a curre	spond to the colle ained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	8)	Acquired or Dispose (D) (Instr. 3, 4 and 5)	ed of				
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Company Stock Option	\$6	12/19/2017		А		18,190		12/19/2017	12/19/2027	Common Stock	18,190

# **Reporting Owners**

Reporting Owner Name / Address	Relationships							
1	Director	10% Owner	Officer	Other				
BRACA JOHN N 950 WINTER STREET WALTHAM, MA 02451				See Remarks				
Cignotures								

## Signatures

/s/ John Braca 12/21/2017 <u>\*\*</u>Signature of Date Reporting Person

## **Explanation of Responses:**

- \* 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).

Such options were granted to Mr. Braca under Sevion Therapeutics Inc.'s ("Sevion's") 2008 Incentive Compensation Plan for services performed during Sevion's fiscal year ended June 30, 2017 and the portion of Sevion's fiscal year ended June 30, 2018 leading up to the closing of Sevion's transaction with Eloxx Pharmaceuticals, Ltd. (the "Transaction"), which occurred on December 19, 2017. In

(1) closing of sevion's transaction with Eloxy manaceuteus, Eu. (the manaceuteus), which occurred on December 19, 2017. In connection with the closing of the Transaction, Sevion effected a 1-for-20 reverse stock split and changed its corporate name to "Eloxy Pharmaceuticals, Inc." Such options were granted on a post-split basis and are immediately exercisable at an exercise price of \$6.00 per share, which is equal to the closing selling price of Sevion's common stock on December 19, 2017, as reflected on a post-split basis.

#### **Remarks:**

The Reporting Person resigned as a Director of Sevion, effective upon closing of the Transaction.

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.