FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
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 Sect	ion 30(h) (of the I	nvestment	Com	npany Act	of 1940							
1. Name and Address of Reporting Person* BORMANN-KENNEDY BARBARA- JEAN ANNE			T	2. Issuer Name and Ticker or Trading Symbol XERIS PHARMACEUTICALS INC XERS							(Che	Relationship of Reporting theck all applicable) X Director Officer (give title below)			son(s) to Iss 10% Ov Other (s below)	/ner		
(Last) (First) (Middle) C/O XERIS PHARMACEUTICALS, INC.				3. Date of Earliest Transaction (Month/Day/Year) 06/08/2021								·			·			
180 N. LASALLE STREET, SUITE 1600			4	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable							
(Street) CHICAC			60601 (Zip)										Line	Form fi	led by Mor		orting Perso n One Repo	
		Tab	le I - Non-l	Derivati	ve Se	curities	s Ac	quired, [Disp	osed o	f, or B	ene	ficiall	y Owned				
Date			2. Transactio Date Month/Day/	Execution Date,			Code (Instr. 5)				5. Amour Securitie Beneficia Owned F Reported	es Fo ially (D Following (I)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									v	Amount	(A) (D)	(A) or (D) Pri		Transact (Instr. 3 a	ion(s)			(Instr. 4)
		-	Table II - De					uired, Di , options						Owned				
Derivative Conversion Date Escurity Conversion (Month/Day/Year) if		3A. Deemed Execution Dat if any (Month/Day/Yo	Code	saction (Instr.	5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	· V	(A)		Date Exercisable		xpiration ate	Title	OI Ni Of	umber					
Stock Option (Right to	\$3.9	06/08/2021		A		11,228		(1)	00	6/08/2031	Common Stock	1	1,228	\$0	11,228	3	D	

Explanation of Responses:

1. Such options will vest in full upon the earlier to occur of June 8, 2022 or the date of the Company's next annual meeting of stockholders.

Remarks:

Buy)

/s/ Beth Hecht, as Attorney-in-**Fact**

** Signature of Reporting Person

06/08/2021

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.