Instruction 1(b).

FORM 4

Check this box if no longer subject Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

to	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* <u>CAPELLO JEFFREY D</u>						2. Issuer Name and Ticker or Trading Symbol Flex Pharma, Inc. [FLKS]								ationship o c all applic Directo	able)	g Pers	son(s) to Issi 10% Ow	
(Last)	Last) (First) (Middle) C/O FLEX PHARMA, INC.						3. Date of Earliest Transaction (Month/Day/Year) 06/08/2016								(give title		Other (s below)	pecify
800 BOYLSTON STREET, 24TH FLOOR						If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable					
(Street) BOSTON MA 02199													X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)															
		Tab	le I - Noi	ո-Deri	vativ	e Se	curities	s Ac	quired, D	isposed	of, or B	enefici	ially	Owned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Da			e, Transaction Disp Code (Instr. 5)		rities Acqu ed Of (D) (Ir			5. Amour Securitie Beneficia Owned F Reported	s ally ollowing	Form: Direct		7. Nature of Indirect Beneficial Ownership	
								Code V	Amoun	t (A)	or Pric	e	Transact (Instr. 3 a	ion(s)		[Instr. 4)	
		-							uired, Dis , options					wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	Code (Ins				6. Date Exercisable an Expiration Date (Month/Day/Year)		7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		D	. Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	i	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Share	er					
Stock Option (right to buy)	\$12.21	06/08/2016			A		10,000		(1)	06/08/2020	Common Stock	10,00	00	\$0	10,000)	D	

Explanation of Responses:

1. The stock option will vest in 12 successive equal monthly installments measured from June 8, 2016.

Remarks:

/s/ Robert Hadfield, Attorney-

06/09/2016

in-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.