## FORM 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Washington, D	.C. 20549
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	OMB AF	OMB APPROVAL									
	OMB Number:		3235-0362								
- 1	l <b>–</b>										

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

Form 3 Holdings Reported.

**ANNUAL STATE** 

OWNERSHIP	Estimated average burde hours per response:	en 1.0

Form 4	Transactions R	eported.	File	ed pursuant to or Sectior					ities Excha ompany Ac									
Name and Address of Reporting Person*     Westphal Christoph H					2. Issuer Name <b>and</b> Ticker or Trading Symbol Flex Pharma, Inc. [FLKS]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner								
1	(Fir X PHARM. 'LSTON ST	A, INC.	viiddle)		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2017							Officer (give title Other (specify below) below)						
(Street) BOSTON (City)	N MA	A 0	2199 Zip)	4. If Amen	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Indi Line) X	•						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date (Month/Day/Year)				Transaction ( Code (Instr.		4. Securities Acquired (A) or Dispos (D) (Instr. 3, 4 and 5)			or Dispose	sed Of S. Amount Securities Beneficial Owned at		es Owr ally Fori		ership n: Direct	7. Nature of Indirect Beneficial Ownership			
				(Monthibay/rear)		0)		Amour	ıt	(A) or (D)	Price		Issuer's Fiscal Year (Instr. 3 and 4)		Indirect (I) (Instr. 4)		(Instr. 4)	
Common	Stock		11/06/2018		G		}	85	3,300	D	\$0		3,044,627		D			
Common	Stock		12/20/2018		G 2,200,000 D \$0 844,627		1,627	D										
Common	Stock												22	,321	]	D <sup>(1)</sup>		
Common	Stock												15	,870	] ]	D <sup>(2)</sup>		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Deriv Secu Acqu (A) o Disp of (D (Inst	of Expir			6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		int of rities rlying ative rity (Instr. 3	8. Price of Derivative Security (Instr. 5)				10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
			(A)	(D)	Date Exer	cisable	Expiration Date	Title	Amount or Number of Shares									

## **Explanation of Responses:**

- 1. These shares are held directly by The Christoph H. Westphal Revocable Trust, the Reporting Person is a beneficiary of The Christoph H. Westphal Revocable Trust.
- 2. These shares are held directly by The Christoph Westphal Roth IRA, the Reporting Person is a beneficiary of The Christoph Westphal Roth IRA.

/s/ Christoph Westphal 12/21/2018

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.