FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to SIAIEWENT OF CHANGES IN BENEFICIAL OVVNERSE Section 16. Form 4 or Form 5	Check this box if no longer subject to Section 16. Form 4 or Form 5	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

Name and Address of Reporting Person* Wessel Thomas					2. Issuer Name and Ticker or Trading Symbol Flex Pharma, Inc. [FLKS]							eck all applic	,		son(s) to Issu 10% Ow Other (s	ner
	(Fi X PHARM LSTON ST		Date o /18/2		Trans	saction (Month	n/Day/Year)		X Officer (give fitte Other (specific below) Chief Medical Officer							
(Street) BOSTON	N M	A	02199 (Zip)	4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned															
Date				Transaction ate lonth/Day/Y	Execution Date,		Date,	Code (Instr. 5)				Beneficia	s ally ollowing	Form	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
							Code V	Amount	(A) or (D)	Price	Transact (Instr. 3	ion(s)			,	
	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		3A. Deemed Execution Dat if any (Month/Day/Yo	ate, Transaction Code (Instr				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Stock Option (right to buy)	\$4.58	01/18/2017		A		85,000		(1)	01/18/2027	Common Stock	85,000	\$0	85,000	0	D	

Explanation of Responses:

1. The stock option will vest in 48 successive equal monthly installments measured from January 18, 2017.

Remarks:

/s/ Robert Hadfield, Attorney-

01/20/2017

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.