FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL	
OMB Number:	3235-028
Estimated average burden	
hours per response:	0.9

$\overline{}$	Check this box if no longer subject to Section 16. Form 4

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					la											
Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol Flex Pharma, Inc. [FLKS]							Relationship of Reporting Person(s) to Issuer (Check all applicable)				
McVicar William K.				Ι`							Director		10% Owr	ner		
											X	Officer (give title	below)	Other (sp	ecify below)	
(Last) (First) (Middle)					Date of Earliest Transaction (Month/Day/Year)							President, R&D				
C/O FLEX PHARMA, INC.					05/26/20)17										
800 BOYLSTON STREET																
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)				
BOSTON MA 02199		199								X	X Form filed by One Reporting Person					
											Form filed by More than One Reporting Person					
(City) (S	tate)	(Zip	0)													
			T	able I -	Non-Der	ivative Se	curities Ac	quired, Di	sposed o	f, or Beneficially Ow	ned					
I had a cooming (man a)					Date Execution Date, C			8. Transaction Code (Instr. 8) 4. Securities Acquired (A) or Disposed Of (D 3, 4 and 5)			```	Beneficially Owned Followin		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial	
					(Month/Day		fear) if any (Month/Day/Year)		Amount	nt (A) or (D) Price		Reported Transaction(s) (Instr. 3 and 4)		. 4)	Ownership (Instr. 4)	
				Table I						or Beneficially Owne le securities)	d					
1. Title of Derivative Security (Instr. 3)	r. 2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac (Instr. 8)	ction Code	n Code 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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	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		Reported Transaction(s) (Instr. 4)					
							1	(1)	1							

L 25% of the total shares underlying this option vest on April 5, 2018 and the remaining shares vest 1/48 per month over the next 36 months thereafter, subject to continued service to the Issuer through each vesting date.

/s/ Robert Hadfield, Attorney-in-Fact
** Signature of Reporting Person

05/30/2017

Remarks:

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.

POWER OF ATTORNEY

OF ATTORNEY
Know all by these presents, that the undersigned hereby constitutes and appoints each of Robert Hadfield or John McCabe, signing individually, the undersigned
(1) execute for and on behalf of the undersigned, in the undersigned's capacity as an officer, director or beneficial owner of more than 10% of a registered cl
(2) do and perform any and all acts for and on behalf of the undersigned that may be necessary or desirable to execute such Forms 3, 4 or 5 or Form ID (includic)
(3) take any other action of any nature whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may be of benefit, in the the The undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite, necess. This Power of Attorney shall remain in full force and effect until the earliest to occur of (a) the undersigned is no longer required to file Forms 3, 4 and 5.

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of April 5, 2017. /s/ William McVicar

1