FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL							
OMB Number:	OMB Number: 3235-0104						
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

HURLY STEPHEN A	l Requiring Statement			3. Issuer Name and Ticker or Trading Symbol Eleven Biotherapeutics, Inc. [ EBIO ]					
(Last) (First) (Middle) C/O ELEVEN BIOTHERAPEUTICS, INC.			Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner			(M	5. If Amendment, Date of Original Filed (Month/Day/Year)		
215 FIRST STREET, SUITE 400			X Officer (give title Other (specify below)			6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street)			President and CEO				X Form filed by One Reporting Person		
CAMBRIDGE MA 02142							Form filed b Reporting P	y More than One erson	
(City) (State) (Zip)									
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)				ally Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable an Expiration Date (Month/Day/Year)		te	Underlying Derivative Security (Instr. 4) Con or E		Conversion or Exercise	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
		Expiration Date	ı Title		Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)		

**Explanation of Responses:** 

## Remarks:

No securities are beneficially owned.

/s/ Stephen A. Hurly 09/22/2016

\*\* 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 5 (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.