FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
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| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHI |
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| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | | |

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

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* <u>Pieper Steven</u> | | | | 2. Issuer Name and Ticker or Trading Symbol Xeris Biopharma Holdings, Inc. [XERS] | | | | | | | neck all ap Dire | ship of Reporting applicable) rector ficer (give title | | son(s) to Is 10% Ov Other (s | wner | | | | |
|--|--|---------|------------------------------|--|---|-------|--|------|---------------------|--|---|---|---|--|-----------------------|--|---------------------------------------|------------|--|
| (Last) | (Fir | st) (M | Middle) | NC. | 3. Date of Earliest Transaction (Month/Day/Year) 01/31/2024 | | | | | | | | X belo | | | below) | вреспу | | |
| 1375 WEST FULTON STREET, SUITE 1300 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Lin | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | |
| (Street) CHICAC | GO IL | 6 | 0607 | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (Sta | ate) (Z | Zip) | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | nded to | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acq | uired, | Dis | posed of | , or | Bene | eficia | ally Owr | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | Execution Date, | | | | es Acquired (A) o Of (D) (Instr. 3, 4 a | | | d Secur Benet Owne | icially d Following | Form (D) o | r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | | | Code | v | Amount | () (I | A) or D) | Price | | action(s) 3 and 4) | | | (Instr. 4) | |
| Common | Stock | | | 01/31/2 | 2024 | | | A | | 450,000 | (1) A | | \$0 | 1,626,912 | | | D | | |
| | 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) | Derivative Conversion Date Security or Exercise (Month/Day/Year) if any | | 4. Transa Code (8) | | | | Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | nstr. | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code V (A | | (A) | (D) | Date Exercisable | | Expiration Date | Title | or Nun of | ount nber res | | | | | |

1. These shares were acquired pursuant to a restricted stock unit award under the Company's 2018 Stock Option and Incentive Plan. Each restricted stock unit represents a contingent right to receive one share of the Company's common stock. These shares shall vest in equal annual installments over three years.

Remarks:

Chief Financial Officer

/s/ Beth Hecht, as Attorney-in-01/31/2024

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.