FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D. | .C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APP | ROVAL | | | | | | | |
|--|---|-------|--|--|--|--|--|--|--|
| | OMB Number: 3235-0287 Estimated average burden | | | | | | | | |
| | | | | | | | | | |
| | hours per response | 0.5 | | | | | | | |

to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

| ı | nd Address of | Reporting Person* | | | AL | | ON I | | | | Symbol UTICAL | <u>S, Iì</u> | NC. | | k all app Direc | tor | 10 | 1% Ov | vner |
|---|---|--|--|---|---|-------------------|---|--------|--|------------|--------------------|---|----------------------------|--|---|--|--|---------|--|
| l | (Fir EXION PHA PORT BLV | ARMACEUTIC | Middle) | INC. | 3. Date of Earliest Transaction (Month/Day/Year) 12/16/2020 | | | | | | | | X | Officer (give title below) CEO Other (sp below) | | | | specify | |
| (Street) BOSTON (City) | | | 2210 Zip) | | 4. If <i>i</i> | Amend | ment, | Date o | of Origin | nal File | ed (Month/Da | y/Year | ·) | Individual or Joint/Group Filing (Check Applicab Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Table | I - No | n-Deriva | tive \$ | Secui | rities | Acc | quirec | l, Dis | sposed of | , or E | 3en | eficially | / Own | ed | | | |
| | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | A) or , 4 and 5) | Securi Benefi Owned | cially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | Code | v | Amount | (A) (D) | or F | Price | Repor Transa (Instr. | ted action(s) 3 and 4) | | | (Instr. 4) | | |
| Common Stock, par value \$.0001 per share | | | | 12/16/20 | 020 | 20 | | A | | 162,707(1) | A | | \$0 | 353,365 | | D | | | |
| Common Stock, par value \$.0001 per share | | | | 12/16/20 |)20 | | | F | | 72,533(2) | D | , (| \$157.96 | 28 | 30,832 | D | | | |
| Common Stock, par value \$.0001 per share | | | | 20 | | | F | | 13,059(3) | D | , (| \$157.96 | 267,773 | | D | | | | |
| | | Tal | ble II | | | | | | | | oosed of, o | | | | Owne | d | , | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execu if any | 3A. Deemed Execution Date, if any (Month/Day/Year) | | action (Instr. | | | 6. Date Expira (Mont | tion D | | 7. Title and Amount of Securities Underlying Derivative Security (In 3 and 4) | | Der See (Ins | Price of erivative ecurity estr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | Co | | | | Code | v | (A) | (D) | Date Exerc | isable | Expiration Date | Title | or Nur of | ount mber ires | | | | | |

Explanation of Responses:

- 1. Shares acquired on vesting of Performance Stock Units previously granted on February 28, 2018 under the 2017 Stock Incentive Plan.
- 2. This sale was made to cover withholding taxes immediately following the vesting of previously granted Performance Stock Units.
- 3. This sale was made to cover withholding taxes immediately following the vesting of previously granted Restricted Stock Units.

Remarks:

/s/ Douglas Barry, Attorneyin-Fact for Ludwig Hantson

12/18/2020

** 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.