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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

1. Name and Address of Reporting Person* <u>DEKKERS MARIJN E</u>			2. Issuer Name and Ticker or Trading Symbol <u>Quanterix Corp</u> [QTRX]		tionship of Reporting Pe all applicable) Director	erson(s) to Issuer 10% Owner
(Last) (First) (Middle) C/O QUANTERIX CORPORATION, 900 MIDDLESEX TURNPIKE		RATION,	3. Date of Earliest Transaction (Month/Day/Year) 01/02/2020		Officer (give title below)	Other (specify below)
		KE	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	vidual or Joint/Group Filing (Check Applicable	
(Street)				X	Form filed by One Re	eporting Person
BILLERICA	MA	01821			Form filed by More th Person	an One Reporting
(Citv)	(State)	(Zip)				

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)						5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	01/02/2020		A		2,270 ⁽¹⁾	A	\$0.00	6,810 ⁽²⁾	D	
Common Stock								27,619 ⁽³⁾	I	Held by Novalis LifeSciences Investments I, L.P. ⁽⁴⁾

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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		Derivative		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	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		Transaction(s) (Instr. 4)		
Stock Option (Right to Buy)	\$23.12	01/02/2020		A		7,900 ⁽⁵⁾		12/31/2020	01/02/2030	Common Stock	7,900	\$0.00	7,900	D	

Explanation of Responses:

1. Represents restricted stock units that vest as to 100% of the shares on December 31, 2020 granted pursuant to the Quanterix Corporation 2018 Non-Employee Director Compensation Policy. Each restricted stock unit represents the right to receive one share of the Issuer's common stock.

2. Includes 2,270 restricted stock units.

3. Reflects the portion of the 117,378 shares of the Issuer's common stock held by Novalis LifeSciences Investments I, L.P. (the "Fund") in which the Reporting Person has a pecuniary interest.

4. The Fund owns an aggregate of 117,378 shares of common stock of the Issuer. The Reporting Person has sole voting and investment control over all of the shares owned by the Fund and has a pecuniary interest in 27,619 of the shares.

5. Represents non-qualified stock option to purchase 7,900 shares of common stock granted pursuant to the Quanterix Corporation 2018 Non-Employee Director Compensation Policy.

Remarks:

/s/ Brian Keane, as Attorney-in-01/06/2020

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.