SEC Form 4													
FORM 4	UNITED S	STATES S	ECURITIES			-	E CC	MMIS					
			Washingt	on, D.C	. 2054	19				OMB APPR	DVAL		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940							SHIP OMB Number: 323 Estimated average burden hours per response:						
1. Name and Address of Reporting Person*			2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Quanterix Corp</u> [ QTRX ]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
<u>Flynn Karen</u>	Quan	<u>terix Corp</u> [ (	ĮIKA	]		X							
(Last) (First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/02/2024						Officer (give titl below)	e Other below	(specify )		
C/O QUANTERIX CORPORATION			4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable				
900 MIDDLESEX TURNPIKE									Line) X Form filed by One Reporting Person				
(Street) BILLERICA MA	01821							Form filed by More than One Reporting Person					
	01021		10b5-1(c) T	rans	actio	on Indica	tion						
(City) (State)	(Zip)	Che	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to sa the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.						ed to satisfy				
Ta	able I - Non-De	erivative Se	ecurities Acqu	iired,	Disp	oosed of, o	r Bene	ficially	Owned				
Date			2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150. 4)		
Common Stock	0	01/02/2024		Α		2,947(1)	Α	\$0.00	26,405 <sup>(2)</sup>	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4.     5. Number of Derivative       Code (Instr. 8)     Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			re es i (A) sed str.	6. Date Exerc Expiration D (Month/Day/)	ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	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		(Instr. 4)		
Stock Option (Right to Buy)	\$27.15	01/02/2024		A		6,412 <sup>(3)</sup>		12/31/2024	01/02/2034	Common Stock	6,412	\$0.00	6,412	D	

Explanation of Responses:

1. Represents restricted stock units that vest as to 100% of the shares on December 31, 2024 granted pursuant to the Quanterix Corporation Amended and Restated Non-Employee Director Compensation Policy. Each restricted stock unit represents the right to receive one share of the Issuer's common stock.

2. Includes 11,765 restricted stock units.

3. Represents non-qualified stock option to purchase 6,412 shares of common stock granted pursuant to the Quanterix Corporation Amended and Restated Non-Employee Director Compensation Policy.

Remarks:

## /s/ Brian Keane, as Attorney-in-01/04/2024 Fact

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\ast}$  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.

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