FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington, D.C. 20549

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

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

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

1(0). 0	ee instruction	0.																	
Name and Address of Reporting Person* Hlavinka Sarah E.						2. Issuer Name and Ticker or Trading Symbol Quanterix Corp [QTRX]								Relationship of Reporting Person(s) to Issuer (Check all applicable)					
піачііі	ka Saraii	<u>C.</u>			-`-					J					Direct	tor	10%	Owner	
(Last)	(Fi	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 10/01/2024									Office below	er (give title v)	Othe belo	r (specify v)		
C/O QUANTERIX CORPORATION														1					
900 MIDDLESEX TURNPIKE													1						
					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														N.		filed by On	e Reporting Pe	erson	
BILLER	ICA M	A 0	1821											-	 Form	filed by Mo	re than One R	eporting	
															Perso	on			
(City)	(St	ate) (Z	Zip)																
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired	, Dis	posed of	, or E	3ene	ficial	ly Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			4 and Secur Benef Owne		cially I Following	6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)	Ownership					
									Code	v	V Amount		or F	rice		ted action(s) 3 and 4)		(Instr. 4)	
Common Stock 10/01/2					2024				A		1,200(1)	A	1 9	\$12.5 ⁽²	2) 46	,001(3)	D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
				(e.g., pu	its, ca	alis, v	warra	ants,	optio	ns, c	convertib	le se	curi	ties)					
1. Title of Derivative Security (Instr. 3)	tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) of Dispo	f Expi erivative ecurities ccquired A) or bisposed f (D) nstr. 3, 4		Date Exercisable and xpiration Date lonth/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		S (1	. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amo or Num of Shar	ber					

Explanation of Responses:

- 1. Consists of stock granted in lieu of cash fees for service on the Company's Board of Directors and committees thereof for the third quarter of 2024.
- 2. Closing price of the Company's common stock on the Nasdaq Global Market on October 1, 2024.
- 3. Includes 2,947 restricted stock units.

Remarks:

/s/ Brian Keane, as Attorneyin-Fact

10/02/2024

** 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.