FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 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

1. Name and Address of Reporting Person* Elsbree David B						2. Issuer Name and Ticker or Trading Symbol T2 Biosystems, Inc. [TTOO]										Relationship of Reporting Person(s) to Issuer (Check all applicable)					
EISUTEE	David B	•			I^{-}			,) >	C Director	r		10% Ov	vner	
(Last) (First) (Middle) 101 HARTWELL AVE						3. Date of Earliest Transaction (Month/Day/Year) 12/09/2015										Officer below)	(give title		Other (s below)	specify	
							endme	nt, Date	of Origi	nal File	ed (N	Month/Da	6. In	6. Individual or Joint/Group Filing (Check Applicable							
(Street) LEXINGTON MA 02421																	ed by One Reporting Perso				
(City)	ty) (State) (Zip)															Persor			·		
		Tab	le I - Non	-Deriv	/ative	e Se	curit	ties Ac	quire	d, Di	spe	osed o	f, or B	enef	icially	y Owned					
1. Title of Security (Instr. 3) 2. Trans. Date					saction n/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Tra	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			A) or	5. Amou Securitie Beneficie Owned F	nt of es ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Co	de V		Amount	(A)	or	Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)	
Common Stock 1					2/09/2015				F			10,000		A	\$9.75		,000		D		
Common Stock															4,275		I		By spouse ⁽¹⁾		
		-	Table II - I									sed of, nvertik				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution E if any (Month/Day)	I 4 Date, 1	ransaction Code (Instr.		5. Number		6. Date Exercisa Expiration Date (Month/Day/Yea		isab ate	le and	7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4)		nount	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Ownership	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	isable	Ex	piration te	Title	or Nu of	nount mber ares						
Employee Stock Option (right to buy)	\$10.7	12/08/2015			G	V		22,222	(2	2)	07/	02/2024	Commo Stock	n 22	2,222	\$0	27,778	3	D		
Employee Stock Option (right to buy)	\$10.7	12/08/2015			G	V		7,189	(3	3)	07/	19/2024	Commo Stock	n 7	,189	\$0	8,987		D		
Employee Stock Option (right to	\$18.59	12/08/2015			G	V		5,882	(4	1)	06/	19/2025	Commo Stock	ⁿ 5	,882	\$0	11,765	5	D		

Explanation of Responses:

- 1. The reporting person disclaims beneficial ownership of these securities, and this report shall not be deemed an admission that the reporting person is the beneficial owner of such securities for purposes of Section 16 or for any other purpose.
- 2. This Stock Option was granted on July 2, 2014 and vests in 36 equal monthly installments beginning on the grant date
- 3. This Stock Option was granted on July 19, 2013 and vests in 36 equal monthly installments beginning on the grant date.
- $4. \ The stock option vests and becomes exercisable in 12 substantially equal monthly installments commencing June 19, 2015.$

/s/ Christopher Martin, 12/10/2015 Attorney-in-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.