FORM 4

Check this box if no longer subject

to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

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

| | tion 1(b). | | | Filed | | | | | | | ties Exchang mpany Act o | | 1934 | | | liouis | perie | esponse: | 0.5 |
|--|---|-------|----------|----------|--|---|--------|--|-------|--------|-----------------------------|---------------|---|----------|--|----------------------|--|--|-------------|
| Name and Address of Reporting Person* Sprague John M | | | | | | 2. Issuer Name and Ticker or Trading Symbol T2 Biosystems, Inc. [TTOO] | | | | | | | | Check a | ll appl Direct | er (give title Ot | | 10% O | wner |
| (Last) (First) (Middle) 101 HARTWELL AVENUE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/08/2022 | | | | | | | | | | below | | | Other (s below) | specity |
| (Street) LEXINGTON MA 02421 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | ne) X | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Table | I - No | n-Deriva | ative | Secu | rities | Acc | uired | , Dis | posed of | , or B | enefic | ially C | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquir Disposed Of (D) (Instr. 5) | | | | | 5. Amount of Securities Beneficially Owned Following Reported | | Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | т | ransad | ction(s) s and 4) | | | (111511. 4) |
| Common Stock 04/08/2 | | | | | 022 | | | P | | 10,000 | A | \$0.4 | 767 15 | | 2,350 | | D | | |
| | | Та | ble II · | | | | | | | | osed of, convertib | | | | vned | i | | | |
| 1. Title of Derivative Security (Instr. 3) | erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any | | | | Transaction Code (Instr. 8) Berivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | Amount of Securities | | 8. Price of Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

Remarks:

/s/ Michael Gibbs, Attorney-

in-fact

** Signature of Reporting Person Date

04/11/2022

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.