SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number:	3235-0287
Estimated average b	urden
hours per response:	0.5

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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

Securities TVIIIId X Director 10% Owner (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) Chicer (give title Delow) Other (specify Delow) 101 HARTWELL AVENUE 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) (Street) LEXINGTON MA 02421 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) (City) (State) (Zip) 2. Transaction Date, (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) 1. Title of Security (Instr. 3) 2. Transaction Date, (Month/Day/Year) 3. Transaction Date, (Month/Day/Year) 3. Securities Acquired (A) or Disposed of (p) (Instr. 3, 4 and Disposed of (p) or Indirect (p) (Instr. 4) Common Stock 01/01/2022 M 32,258 A (I) 54,985 D 1. Title of Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 5. Number of Indirect (month/Day/Year) 5. Date Exercisable and Chorth/Day/Year) 7. Title and Amount of Securities Securiti	1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol T2 Biosystems, Inc. [TTOO]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle) 3. Deemed (Month/Day/Year) 3. Deemed (Month/Day/Year) 4. If Amendment, Date of Original Filed (Month/Day/Year) 5. Individual or Joint/Group Filing (Check Applicable Line) 5. Individual or Joint/Group Filing (Check Applicable Line) (Street) 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) (City) (State) (Zip) 5. Transaction (Month/Day/Year) 5. Securities Acquired, Jointy Code (Instr. 3) 6. Sumership (Instr. 3) 5. Amount of Securities Comments 5. Amount of Securities Acquired (A) or (Instr. 3) 5. Amount of (Instr. 4) 6. Ownership (Instr. 4) 6. Ownership (Instr. 4) 6. Ownership (Instr. 4) Common Stock 01/01/2022 M 3.2,258 A (I) 5.4,985 D 1. Title of Securities Securities (Instr. 3) 3. Transaction Code (Instr. Securities Securities Securities Securities (Month/Day/Year) 3. Transaction (Instr. 4) 5. Number (Instr. 3) 6. Deemertically (Instr. 4) 6. Sweether (Instr. 4) 9. Number of Transaction(S) (Instr. 4) 9. Number of Indice 9. Number (Instr. 4) 10. Moreeship (Instr. 4) <td colspan="5">Saunders Ninfa</td> <td>1</td> <td></td> <td><u>ooyotei</u></td> <td><u>,</u></td> <td><u></u> [1</td> <td>100</td> <td>. 1</td> <td></td> <td></td> <td>Х</td> <td>Directo</td> <td>r</td> <td></td> <td>10% Ov</td> <td>vner</td>	Saunders Ninfa					1		<u>ooyotei</u>	<u>,</u>	<u></u> [1	100	. 1			Х	Directo	r		10% Ov	vner
(Street) LEXINGTON MA 02421 (City) (State) (Zip) Line) Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person Table 1 - Non-Derivative Securities Acquired, Disposed of, or Beneficially (Month/Day/Year) A. Deemed (Month/Day/Year) 3. Z. Transaction (Month/Day/Year) 3. Z. Transaction (Month/Day/Year) 4. Securities Acquired (A) or (Bervative Beneficially (Instr. 3) 5. Amount of Beneficially (Instr. 4) 5. Amount of Beneficially (Instr. 5) 5. Amount of Beneficially (Instr. 4)																	(give title			specify
(City) (State) (Zip) Table 1 - 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) 3. Execution Date, (Month/Day/Year) 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) 5. Amount of Securities (D) (Instr. 4), 4 and 5) 6. Ownership Form: Direct (D) or Indirect Beneficially Owned Following Transaction(5) 6. Ownership Form: Direct (D) or Indirect Beneficial Ownership (Instr. 4) Common Stock 01/01/2022 M 32,258 A (u) 54,985 D Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owner Stick 54,985 D 1. Title of Derivative Security (Instr. 3) 3. Transaction Date (e.g., puts, calls, warrants, options, convertible securities) 5,985 D 1. Title of Derivative Security (Instr. 3) 3. Transaction Date (Month/Day/Year) 3. Transaction Of Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 8. Price of Derivative Security (Instr. 4) 9. Number of Derivative Securities 9. Number of Derivative Securities 9. Number of Derivative Secur						_ 4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	Net Net X Form filed by One Reporting Person Form filed by More than One Reporting				
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	Description 1			Code	v	(A)	(D)				Title	or Numb of	er							

(2)

(3)

32,258

77,519

(1) 01/01/2022 Stock Units

(1)

Explanation of Responses:

1. Each restricted stock unit represents a contingent right to receive one share of the Issuer's common stock.

2. On January 1, 2021 the reporting person was granted 32,258 restricted stock units that vested on January 1, 2022.

3. The restricted stock units were granted in accordance with the Issuer's Non-Employee Director Compensation Plan and vest on January 1, 2023.

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Α

Remarks:

Stock

Units Restricted



** Signature of Reporting Person Date

32,258

77,519

\$0.00

\$0.00

0

77.519

Common

Stock

Common

Stock

(2)

(3)

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).

01/01/2022

** 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.