FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|----------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average bu | urden | | | | | | | | |
| 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

| Name and Address of Reporting Person* Saunders Ninfa | | | | | | 2. Issuer Name and Ticker or Trading Symbol T2 Biosystems, Inc. [TTOO] | | | | | | | | | | | all applicable) | | g Person(s) to Issuer | | |
|---|---|--|--|-------------------------|-------|--|---|--|-----------------|---|----------|-----------------|--|-------------|--|---|--|--|--|--|--|
| (Last) | t) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/15/2023 | | | | | | | | | | er (give title w) | | Other (s | · | |
| 101 HARTWELL AVENUE | | | | | 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) LEXING | GTON MA 02421 | | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | | |
| | | | | | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | | |
| | | Tab | le I - Nor | n-Deriv | ative | Sec | uriti | ies Ac | quire | d, D | isp | osed c | of, or | Ben | eficial | ly Owne | t | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D. | | | | | | ar) E | xecut any | A. Deemed xecution Date, any lonth/Day/Year | | Transaction Dispos | | Dispose | rities Acquired (A) ed Of (D) (Instr. 3, 4 | | | Benefici | es ally Following | Form (D) o | n: Direct or Indirect ostr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Cod | ie V | ′ | Amount | (4 | A) or D) | Price | Transac (Instr. 3 | tion(s) | | | (Instr. 4) | |
| Common Stock | | | 09/1 | 15/2023 | | | | N | 1 | | 2,300 | 00 A | | (1) | 7,322 | | | D | | | |
| | | Т | able II - I | | | | | | | | | sed of | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, Transa Code (I | | | | | Expira | Date Exercisable and xpiration Date Ionth/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Own Forn Direc or In (I) (Ir | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | E) Dá | piration ate | Title | O N | Amount or Jumber of Shares | | | | | | |
| Restricted Stock | (1) | 09/15/2023 | | | M | | | 2,300 | (2) | | | (2) | Comn | | 2,300 | \$0.00 | 0 | | D | | |

Explanation of Responses:

- $1.\ Each\ restricted\ stock\ unit\ represents\ a\ contingent\ right\ to\ receive\ one\ share\ of\ the\ Issuer's\ common\ stock.$
- 2. On October 11, 2022, the reporting person was granted 2,300 restricted stock units that vested on the earlier of (i) October 11, 2023, and (ii) the date of the next annual meeting of stockholders.

/s/ John Sprague, Attorney-in-

Fact

10/11/2023

** 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.