FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APPROVAL | | | | | | | | |
|--------------------------|-------------------|--|--|--|--|--|--|--|
| OMB Number: | Number: 3235-0104 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response | 0.5 | | | | | | | |

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* BAY STREET FINANCIAL S.A. 2. Date of Event Requiring Statement (Month/Day/Year) 02/03/2020 | | | nent | 3. Issuer Name and Ticker or Trading Symbol XBiotech Inc. [XBIT] | | | | | | | | |
|---|-------------------------------|--------------------------|---------------------|--|--|---|----------------------------------|---|--|--|--|--|
| (Last) MEIERHOFS (Street) VADUZ (City) | (First) STRASSE 5 N2 (State) | (Middle) FL-9490 (Zip) | | | Relationship of Reporting Perso (Check all applicable) Director X Officer (give title below) | n(s) to Issue 10% Owne Other (spe below) | er | (Mon 6. Inc | hth/Day/Year) dividual or Joint cable Line) Form filed by | Ate of Original Filed /Group Filing (Check y One Reporting Person y More than One erson | | |
| Table I - Non-Derivative Securities Beneficially Owned | | | | | | | | | | | | |
| 1. Title of Security (Instr. 4) | | | | | Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | | | |
| Common Stock | | | | | 5,000,000 | D | | | | | | |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 4) 2. Date Exercisable a Expiration Date (Month/Day/Year) | | | ate | Underlying Derivative Security (Instr. 4) Conve or Exe | | Conversion Exer | rcise Form: | | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | | | |
| | | | Date Exercisable | Expiration Date | n Title | Amount or Number of Shares | Price of Derivati Security | ive | Direct (D) or Indirect (I) (Instr. 5) | | | |

Explanation of Responses:

Remarks:

/s/ Dr. Veit Frommelt, Director 02/12/2020

** Signature of Reporting Person Dat

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).