FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
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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*     GUT THOMAS			2. Date of Event Requiring Stater (Month/Day/Year 02/03/2020	atement Year)  XBiotech Inc. [ XBIT ]							
(Last) C/O LINDELTTD. LATERNEN (Street) ZURICK (City)		(Middle) MILY OFFICE  8001 (Zip)			Relationship of Reporting Person (Check all applicable)     Director X     Officer (give title below)	nn(s) to Issue 10% Owne Other (spe below)	cify 6. II	nth/Day/Year)  dividual or Joint licable Line)  Comparison of the property of	ate of Original Filed  V/Group Filing (Check  y One Reporting Person  y More than One erson		
(City)	(State)	(219)	Table I Nor	Dorivet	ive Securities Beneficiall	v Ownad					
1. Title of Security (Instr. 4)				2	. Amount of Securities leneficially Owned (Instr. 4)	3. Ownership		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock					5,864,040	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)			2. Date Exerc Expiration D (Month/Day/	ate	3. Title and Amount of Securi Underlying Derivative Securit		4. Conversion or Exercise Price of	rcise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	or Indirect (I) (Instr. 5)			

**Explanation of Responses:** 

/s/ Thomas Gut

02/11/2020

\*\* Signature of Reporting Person

Date

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

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.

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

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).