Edgar Filing: Fernandes Peter - Form 4

Fernandes Pe Form 4	ter											
January 08, 2	018											
FORM	Л									OMB AF	PPROVAL	
	UNITED	STATES				ND EXC D.C. 205		IGE C	COMMISSION	OMB Number:	3235-0287	
Check this if no long subject to Section 16 Form 4 or Form 5 obligation may conti	F CHANGES IN BENEFICIAL OW SECURITIES Section 16(a) of the Securities Exchang Public Utility Holding Company Act of						e Act of 1934,	Expires: Estimated a burden hou response				
See Instru 1(b).		30(h)	of the In	vestme	nt (Company	y Act	of 194	10			
(Print or Type R	esponses)											
1. Name and Address of Reporting Person <u>*</u> Fernandes Peter			2. Issuer Name and Ticker or Trading Symbol Bellerophon Therapeutics, Inc. [BLPH]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			3. Date of (Month/D 01/04/20	ay/Year)		insaction			Director X Officer (give below) Chief Regu			
				endment, Date Original nth/Day/Year)					 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting 			
(City)	(State)	(Zip)							Person			
	`	-						-	uired, Disposed of		-	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Executio any	med n Date, if Day/Year)	3. Transac Code (Instr. 8 Code	ction 8)	4. Securit n(A) or Dis (Instr. 3, 4)	sposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	01/04/2018			F		35,321	D	\$ 2.49	82,453	D		

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

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships							
		Director	10% Owner	Officer	Other				
Fernandes Peter C/O BELLEROPHON THERAPEUTICS, INC. 184 LIBERTY CORNER ROAD, SUITE 302 WARREN, NJ 07059				Chief Regulatory & Safety Offr					
Signatures									
/s/ Peter 01/ Fernandes	/08/2018								

**Signature of Reporting Person

Date

Explanation of Responses:

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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.