Bellerophon Therapeutics, Inc. Form 3 May 20, 2015 FORM 3 UNITED S

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

| 1. Name and Address of Reporting Person <u>*</u> Fernandes Peter | | | 2. Date of Event Requirir Statement (Month/Day/Year) | 3. Issuer Name and Ticker or Trading Symbol Bellerophon Therapeutics, Inc. [BLPH] | | | | |
|---|---------|----------|--|--|--|---|--|--|
| (Last) | (First) | (Middle) | 05/18/2015 | 4. Relationsl Person(s) to | onship of Reporting) to Issuer | | 5. If Amendment, Date Original Filed(Month/Day/Year) | |
| C/O BELLEROPHON THERAPEUTICS, INC., 53 FRONTAGE ROAD, SUITE 301 (Street) HAMPTON, NJ 08827 | | | | (Check all applicable) Director10% Owner XOfficerOther (give title below) (specify below) Chief Regulatory Officer | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | |
| (City) | (State) | (Zip) | Table I - | Table I - Non-Derivative Securities Ber | | | | |
| 1.Title of Secu (Instr. 4) | rity | | | of Securities | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Na | ture of Indirect Beneficial ership | |
| Common St | ock | | 2,395 | | D | Â | | |
| Reminder: Rep owned directly | | | ach class of securities benef | ïcially | SEC 1473 (7-02 | 2) | | |
| 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 control number. | | | | | | | | |

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

| 1. Title of Derivative Security | 2. Date Exercisable and | 3. Title and Amount of | 4. | 5. | 6. Nature of Indirect |
|---------------------------------|-------------------------|------------------------|-------------|------------|-----------------------|
| (Instr. 4) | Expiration Date | Securities Underlying | Conversion | Ownership | Beneficial Ownership |
| | (Month/Day/Year) | Derivative Security | or Exercise | Form of | (Instr. 5) |
| | | (Instr. 4) | Price of | Derivative | |
| | | | Derivative | Security: | |

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| | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | Security | Direct (D) or Indirect (I) (Instr. 5) | |
|-----------------------------|---------------------|--------------------|-----------------|----------------------------------|----------|--|---|
| Stock Option (right to buy) | (1) | 10/14/2022 | Common Stock | 4,790 | \$ 8.27 | D | Â |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | |
|---|---------------|------------|--------------------------------|-------|--|
| | Director | 10% Owner | Officer | Other | |
| Fernandes Peter C/O BELLEROPHON THERAPEUTICS, INC. 53 FRONTAGE ROAD, SUITE 301 HAMPTON, NJ 08827 | Â | Â | Chief Regulatory Officer | Â | |
| Signatures | | | | | |
| /s/ Manesh Naidu, as Attorney-in-Fact for Peter Fernandes | | 05/20/2015 | | | |
| **Signature of Reporting Person | | Date | | | |

Explanation of Responses:

* 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).

(1) This option is fully vested.

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Remarks:

Exhibit Index: 24.1 Power of Attorney

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.