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| Shah Nimis | h P | | | | | | | | | |
|--|--|-------|---|------------|---|--|---|---|----------------|--|
| Form 4 | 07 2010 | | | | | | | | | |
| September (| | | | | | | | | PPROVAL | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | OMB Number: | 3235-0287 | |
| Check t | his box | | washington | I, D.C. 20 | 549 | | | | January 31, | |
| if no lor subject Section Form 4 | to STATEN 16. or | | SECU | RITIES | | | ERSHIP OF | Expires: 22 Estimated average burden hours per response | | |
| Form 5 obligations may continue. See Instruction 1(b). 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) | | | | | | | | | | |
| | Address of Reporting X ASSOCIATES | | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| Bellerophon Therapeutics, Inc. [BLPH] (Ch | | | | (Check | ck all applicable) | | | | | |
| | | | B. Date of Earliest Transaction | | | | DirectorX10% Owner Officer (give titleOther (specify below)below) | | | |
| C/O VENROCK, 3340 HILLVIEW 09/05/2018 below) below) below) | | | | | | | | | | |
| | (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) | | | | | |
| PALO AL | ГО, СА 94304 | | - | | | | Form filed by One Reporting Person _X_ Form filed by More than One Reporting Person | | | |
| (City) | (State) | (Zip) | Table I - Non- | Derivative | Secur | rities Acqu | ired, Disposed of, | or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | n Date, if Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8) (A) | | (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | , | | |
| Common Stock | 09/05/2018 <u>(1)</u> | | Р | 50,000 | А | \$ 0.8465 | 6,591,163 | Ι | By funds (2) | |
| Common Stock | 09/06/2018 | | Р | 50,000 | А | \$ 0.8419 | 6,641,163 | Ι | By funds (2) | |
| Common Stock | 09/07/2018 | | Р | 60,000 | А | \$ 0.8957 | 6,701,163 | Ι | By funds (3) | |

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

Persons who respond to the collection of
information contained in this form are not
required to respond unless the formSEC 1474
(9-02)

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displays a currently valid OMB control number.

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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactio Code (Instr. 8) | 5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | | ate | 7. Title Amour Underl Securit (Instr. 3 | nt of ying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr |
|---|---|---|---|--|--|---------------------|--------------------|---|--|---|--|
| | | | | Code V | 4, and 5) (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|-----------|---------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| VENROCK ASSOCIATES IV L P C/O VENROCK 3340 HILLVIEW AVENUE PALO ALTO, CA 94304 | | Х | | | | |
| Venrock Healthcare Capital Partners III, L.P. C/O VENROCK 3340 HILLVIEW AVENUE PALO ALTO, CA 94304 | | Х | | | | |
| VHCP Co-Investment Holdings III, LLC C/O VENROCK 3340 HILLVIEW AVENUE PALO ALTO, CA 94304 | | Х | | | | |
| VHCP Management III, LLC C/O VENROCK 3340 HILLVIEW AVENUE PALO ALTO, CA 94304 | | Х | | | | |
| Shah Nimish P C/O VENROCK 3340 HILLVIEW AVENUE PALO ALTO, CA 94304 | | Х | | | | |

Signatures

| David L. Stepp, Authorized | | | | | |
|---------------------------------|------------|--|--|--|--|
| Signatory | 09/07/2018 | | | | |
| **Signature of Reporting Person | Date | | | | |
| David L. Stepp, Authorized | | | | | |
| Signatory | 09/07/2018 | | | | |
| **Signature of Reporting Person | Date | | | | |
| David L. Stepp, Authorized | | | | | |
| Signatory | 09/07/2018 | | | | |
| **Signature of Reporting Person | Date | | | | |
| David L. Stepp, Authorized | | | | | |
| Signatory | 09/07/2018 | | | | |
| **Signature of Reporting Person | Date | | | | |
| David L. Stepp, | | | | | |
| Attorney-in-fact | 09/07/2018 | | | | |
| **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).

This Form 4 is the second of two Form 4s being filed to report the beneficial ownership of the following Reporting Persons: Venrock Associates IV, LP, Venrock Partners, LP, Venrock Entrepreneurs Fund IV, LP, Venrock Management IV, LLC, Venrock Partners

- (1) Management, LLC, VEF Management IV, LLC, Venrock Healthcare Capital Partners II, LP, VHCP Management II, LLC, VHCP Co Investment Holdings II, LLC, Venrock Healthcare Capital Partners III, LP, VHCP Management III, LLC, VHCP Co Investment Holdings III, LLC, Bong Koh and Nimish Shah. Two Form 4s are being filed because each form can report a maximum of 10 reporting persons.
- (2) Consists of (i) 45,455 shares purchased by Venrock Healthcare Capital Partners III, LP and (ii) 4,545 shares purchased by VHCP Co-Investment Holdings III, LLC.
- (3) Consists of (i) 54,546 shares purchased by Venrock Healthcare Capital Partners III, LP and (ii) 5,454 shares purchased by VHCP Co-Investment Holdings III, LLC.

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.