Edgar Filing: Fernandes Peter - Form 4

Fernandes Pe Form 4	eter												
September 27	7, 2018												
FORM	14									OMB AF	PROVAL		
	UNITED	STATES				ND EXC D.C. 2054		GE C	OMMISSION	OMB Number:	3235-0287		
Check thi if no long subject to Section 1 Form 4 or Form 5		F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Section 16(a) of the Securities Exchange Act of 1934,							Expires:January 31Expires:2005Estimated averageburden hours perresponse0.5				
obligation may cont <i>See</i> Instru 1(b).	ns Section 17(a	a) of the l	Public Ut	ility Ho	oldi		any 4	Act of	1935 or Section	1			
(Print or Type F	Responses)												
Fernandes Peter Sym Bei			Symbol Bellerop	Bellerophon Therapeutics, Inc.					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First) (N	Aiddle)	[BLPH]		Tra	nantion			Director		Owner		
C/O BELLE THERAPEU		ļ	3. Date of (Month/D 09/25/20	ay/Year)		nsaction			X Officer (give below)		er (specify		
	(Street)					th/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
WARREN,	NJ 07059								Form filed by M Person				
(City)	(State)	(Zip)	Tabl	e I - Non	n-De	erivative Se	curiti	es Acqu	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Executio		3. Transac Code (Instr. 8 Code	etior 3)	4. Securitie (A) or Disp (Instr. 3, 4 Amount	osed o	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	09/25/2018			А		119,626		\$0	222,302	D			

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 form displays a currently valid OMB control number.

Edgar Filing: Fernandes Peter - Form 4

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)		Date	Unde Secur	unt of 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 09/26/ Fernandes	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.