Edgar Filing: Bellerophon Therapeutics, Inc. - Form 4

Bellerophon Therapeutics, Inc. Form 4 January 21, 2016

| January 21, 2 | 2016 | | | | | | | | | | | |
|---|--|---|---|---|---|----------------|---|--|--|----------|--|--|
| FORM | 1 4 | | | | | | | | | PPROVAL | | |
| _ | Washington, D.C. 20549 | | | | | | | OMB Number: | 3235-0287 | | | |
| Check thi if no long subject to Section 1 Form 4 of | | F CHANGES IN BENEFICIAL OW SECURITIES | | | | | | Expires:January 31 2005Estimated average burden hours per response0.5 | | | | |
| Form 5 obligatior may conti <i>See</i> Instru 1(b). (Print or Type R | ns Section 17(a) action |) of the Pu | ublic Ut | | ing Com | pany | Act of | e Act of 1934, f 1935 or Section 40 | n | | | |
| × 51 | 1 | | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Quinn Deborah | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| | | Bellerophon Therapeutics, Inc. [BLPH] | | | | | (Check all applicable) | | | | | |
| (Last) | | | | . Date of Earliest Transaction Month/Day/Year) | | | | Director 10% Owner X Officer (give title Other (specify | | | | |
| 184 LIBERT ROAD, SUI | | 01/19/2016 | | | | | below) below) Chief Medical Officer | | | | | |
| | (Street) 4. If Amendment, Date Orig Filed(Month/Day/Year) | | | | e Original | | | 6. Individual or Jo Applicable Line) | int/Group Filing(Check | | | |
| WARREN, | | | | | | | _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (State) (Z | Zip) | Table | e I - Non-De | erivative S | ecurit | ies Acq | uired, Disposed of | , or Beneficial | ly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | saction Date 2A. Deemed /Day/Year) Execution Date, if any (Month/Day/Year) | | | 4. Securiti n(A) or Dis (D) (Instr. 3, 4 | sposed | of | Securities Energicially Owned | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | |
| Common Stock | 01/19/2016 | | | Code V A | Amount 49,792 | or (D) A | Price \$ 0 | (Instr. 3 and 4) | 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.

 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 | 7. Titl Amou Under Secur (Instr. | ınt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr |
|---|---|---|--|---|---------------------|--------------------|--|--|---|---|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Edgar Filing: Bellerophon Therapeutics, Inc. - Form 4

Reporting Owners

| Reporting Owner Name / | Address | dress | | | | | | | |
|--|---------|----------|-----------|-----------------------|-------|--|--|--|--|
| reporting o mor funct fruites | | Director | 10% Owner | Officer | Other | | | | |
| Quinn Deborah 184 LIBERTY CORNEI SUITE 302 WARREN, NJ 07059 | R ROAD | | | Chief Medical Officer | | | | | |
| Signatures | | | | | | | | | |
| /s/ Deborah Quinn | 01/21 | /2016 | | | | | | | |
| **Signature of Reporting Person | Dat | e | | | | | | | |

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.