FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average b | urden | | | | | | | | | |

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| | ,uon 1(b). | | | 1 IICu | | | | | Investment | | | | 1 1334 | | | | | | |
|---|---|--|---|---|--|---|----------|---|--|---|---|---------|---|--|------------------------------|--|--|---|--|
| 1. Name and Address of Reporting Person [*] Tasse Daniel | | | | | 2. Issuer Name and Ticker or Trading Symbol Bellerophon Therapeutics, Inc. [BLPH] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| | | | | | | | | | | | | | | X | =' | | | 10% Ow | |
| (Last) (First) (Middle) C/O BELLEROPHON THERAPEUTICS, INC. | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/17/2016 | | | | | | | Officer (give title Other below) below) | | | | | pecify | | | |
| | | | | • | | | | | | | | | | | | | | | |
| 184 LIBERTY CORNER ROAD, SUITE 302 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | | |
| (Street) | | | | | | | | | | | | | | Line) | | | _ | | |
| WARRE | N N | J | 07059 | | | | | | | | | | | X | | led by Mor | • | orting Persor One Repor | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - Non | -Deriva | ative | Se | curities | s Ac | quired, | Disp | osed o | f, or E | enefic | ially | / Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | ar) I | 2A. Deemed Execution Date, if any (Month/Day/Yea | | , Transaction Dispos Code (Instr. 5) | | | urities Acquired (A) sed Of (D) (Instr. 3, 4 | | | Securitie Beneficia Owned F | neficially vned Following | | : Direct C r Indirect E str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) | or Pr | ice | Reported Transaction(s) (Instr. 3 and 4) | | | | Instr. 4) | |
| | | - | Table II - D | | | | | | uired, D | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/ | ate, Tra | 4. Transaction Code (Instr. 8) Set Acc (A) Dis of (3,4 | | | ve es d ed nstr. | 6. Date Exc Expiration (Month/Da | 7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | e S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | С | ode | v | (A) | (D) | Date Exercisabl | | expiration Date | Title | Amo or Num of Shar | ber | | | | | |

(1)

Explanation of Responses:

\$1.94

1. This option was granted on June 17, 2016. This option vests in three equal annual installments over a three-year period from the date of grant.

Remarks:

Stock Option

(right to buy)

/s/ Daniel Tasse

Common

06/16/2026

06/21/2016

10,000

D

** Signature of Reporting Person

10,000

\$0

Date

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

 * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

06/17/2016

** 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.

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 Number.

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