FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

<i>N</i> ashington,	D.C.	20549
---------------------	------	-------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number: 3235-0287										
Estimated average burden										
hours per response: 0.5										

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 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Shah Parag Suresh					2. Issuer Name and Ticker or Trading Symbol Bellerophon Therapeutics, Inc. [BLPH]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last)	(Fi	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/07/2023							below)	Officer (give title below) VP of Busine		Other (spe below) s Operations			
SUITE 402					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) WARRE	N N.	J	07059			X Form filed by One Reportir Form filed by More than Or Person													
(City)	(Si	tate)	(Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									d to					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					(E)	A. Deemed xecution Date, any Month/Day/Year		, Transaction Disposed Code (Instr. 5)		rities Acquired (A) or ed Of (D) (Instr. 3, 4 an		Benefici Owned F	es ally Following	6. Owners Form: Dire (D) or Indi (I) (Instr. 4	ect c rect E	7. Nature of Indirect Beneficial Ownership			
								Code	V A	mount (A) or (D)		r Price	Reported Transact (Instr. 3	ion(s)			Instr. 4)		
		Т							uired, Dis s, options					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 Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owr Forr Dire or Ir (I) (I	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		ration	Title	Amount or Number of Shares						
Stock Options (Right to Buy)	\$0.8264	06/07/2023 ⁽¹⁾			A			50,000	(2)	06/07	7/2033	Common Stock	50,000	\$0	50,000		D		

Explanation of Responses:

- 1. This option was approved by the Compensation Committee of the Board of Directors of Bellerophon Therapeutics, Inc., on February 10, 2023, contingent upon stockholder approval of an amendment to the Company's 2015 Equity Incentive Plan under which the options were granted, which was approved by stockholders on June 7, 2023.
- $2. \ This \ option \ vests \ in \ 16 \ quarterly \ installments \ commencing \ on \ the \ date \ hereof.$

/s/ Parag Shah

06/09/2023

** Signature of Reporting Person

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).
- ** 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.