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 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

| <u>Teufel</u> | <u>Crispin</u> | Reporting Person* | | | S. Date of Earliest Transaction (Month/Day/Year) 2. Issuer Name and Ticker or Trading Symbol Bellerophon Therapeutics, Inc. [BLPH] 3. Date of Earliest Transaction (Month/Day/Year) | | | | | (Ch | eck all appli X Directo Officer | cable) or (give title | Person(s) to Is 10% Over (s) | vner | | |
|---|--|--|--|------------------------|--|-----|---|---------------------|--------------------|---|--|---|--|--------------|---------------|--|
| (Last) | ` | , | (Middle) | 06/ | 06/07/2023 | | | | | | | | below) below) | | | |
| 20 INDEPENDENCE BLVD. | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| SUITE 4 | 02 | | | | | | | | | | | X Form filed by One Reporting Person | | | | |
| (Street) | N N. | I | 07059 | _ | | | | | | | | | | iled by More | than One Repo | |
| , | 11 11, | | | _ Ru | Rule 10b5-1(c) Transaction Indication | | | | | | <u> </u> | | | | | |
| (City) | (S | tate) | (Zip) | | 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. | | | | | | | ed to | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution Date, | | | Code (Instr. 5) | | | Benefici Owned F Reporte | es Forn ally (D) of Following (I) (II | orm: Direct D) or Indirect) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | Code V Amount (A) or P | | | | | | Price | Transac (Instr. 3 | | | | | |
| | 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 | Code (I | ransaction of Code (Instr. Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title and Amount of Securities Underlying Derivative Seci (Instr. 3 and 4) | | f g Security | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Exp Dat | oiration te | Title | Amount or Number of Shares | | | | |
| Stock Options (Right to Buy) | \$0.8264 | 06/07/2023 ⁽¹⁾ | | A | | | 14,607 | (2) | 06/0 | 07/2033 | Common Stock | 14,607 | \$0 | 14,607 | 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 full on June 7, 2024.

/s/ Crispin Teufel

06/09/2023

** Signature of Reporting Person 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).
- ** 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.