FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

<b>STATEMENT</b>	OF CHANGES	S IN BENEF	ICIAL O	<b>WNERSH</b>	IΡ

l	OMB APPRO	DVAL			
	OMB Number:	3235-0287			
	Estimated average burd	len			
l	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

1. Name and Address of Reporting Person*  Quinn Deborah				2. Issuer Name <b>and</b> Ticker or Trading Symbol Bellerophon Therapeutics, Inc. [ BLPH ]									heck all a	ship of Reportir applicable) rector ficer (give title		ssuer Owner (specify		
(Last) (First) (Middle) 184 LIBERTY CORNER ROAD SUITE 302				3. Date of Earliest Transaction (Month/Day/Year) 03/16/2017											ow) below)  Chief Medical Officer			
(Street) WARREN NJ 07059 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)									ne) X Fo	lividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Execution Date,		Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3,			d Sec Ber Ow	mount of urities eficially ned Following orted	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount		(A) or (D)	Price	Trai	nsaction(s) tr. 3 and 4)		(Instr. 4)	
Common Stock 03/16/					/2017		A		76,924 A		\$(	108,168		D				
	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. Deeme Execution if any (Month/Day	Date, 1	4. Transaction Code (Instr. 8)  Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ative rities ired osed	Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		tr. 3	8. Price of Derivativ Security (Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisal		Expiration Date	Title	or Num of	ber				

**Explanation of Responses:** 

Remarks:

/s/ Deborah Quinn

03/20/2017

\*\* 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.