Bellerophon Therapeutics, Inc.

Form 4

March 20, 2017

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Check this box if no longer

subject to Section 16. Form 4 or Form 5

obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *

Edmonds Amy

(Last)

(City)

Common

Stock

(First) (Middle)

184 LIBERTY CORNER

ROAD, SUITE 302

(Street)

(State)

03/16/2017

WARREN, NJ 07059

2. Issuer Name and Ticker or Trading

Symbol

[BLPH]

Bellerophon Therapeutics, Inc.

3. Date of Earliest Transaction

(Month/Day/Year)

03/16/2017

4. If Amendment, Date Original

Filed(Month/Day/Year)

3.

A

Form filed by More than One Reporting

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

4. Securities Acquired 5. Amount of

Issuer

below)

Director

Applicable Line)

Securities

Owned

Beneficially

Following

Reported

X_ Officer (give title

1. Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3)

(Zip)

(Month/Day/Year)

Transaction(A) or Disposed of Code (D) (Instr. 8)

(Instr. 3, 4 and 5)

(A)

Transaction(s) or (Instr. 3 and 4) Price

Code V (D) Amount

> \$0 56,411 Α 79,624

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

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number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

OMB APPROVAL

OMB Number:

5. Relationship of Reporting Person(s) to

(Check all applicable)

VP Clinical Operations & Admin

6. Individual or Joint/Group Filing(Check

(D) or

Indirect (I)

(Instr. 4)

D

X Form filed by One Reporting Person

below)

3235-0287

January 31, Expires: 2005

Estimated average burden hours per

response... 0.5

10% Owner

Other (specify

6. Ownership 7. Nature of

Beneficial

Ownership

(Instr. 4)

SEC 1474

(9-02)

Form: Direct Indirect

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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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D)			7. Title a Amount of Underlying Securities (Instr. 3 a	of ng s	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	or Title Nu of	umber		

Reporting Owners

Reporting Owner Name / Address	Relationships							
1	Director	10% Owner	Officer	Other				
Edmonds Amy 184 LIBERTY CORNER ROAD SUITE 302 WARREN, NI 07059			VP Clinical Operations & Admin					

Signatures

/s/ Amy
Edmonds 03/20/2017

**Signature of Reporting Person Date

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.

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