(City)

(Last)

(Street)

(City)

PALO ALTO

C/O VENROCK

3340 HILLVIEW AVENUE

(State)

(First)

CA

(State)

Venrock Healthcare Capital Partners III, L.P.

1. Name and Address of Reporting Person^\star

(Zip)

(Middle)

94304

(Zip)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APP	ROVAL						
	OMB Number:	3235-0287						
	Estimated average burden							

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See

	ons may cont ion 1(b).	inue. See			Filed							ies Exchan		1934			hours	per response:	0.5
1 N	-l A-l-l	f Danastian Dan	*					. ,				mpany Act	of 1940		5 Rel	ationshi	n of Reportin	g Person(s) to	lssuer
						. Issuer Name and Ticker or Trading Symbol Bellerophon Therapeutics, Inc. [BLPH]								(Check all applicable) Director		olicable)	,	Owner	
(Last) C/O VEN	NROCK	First)	(Mi	iddle)				ate of Earliest Transaction (Month/Day/Year) 3/2018								Offic below	er (give title w)	Othe belov	(specify v)
3340 HII	LLVIEW A	VENUE				4. I	f Am	endment	, Date o	of Origina	ıl Filed	d (Month/Da	ay/Year)			vidual o	r Joint/Group	Filing (Check	Applicable
(Street) PALO ALTO CA 94304					Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person														
(City)	(5	State)	(Ziļ	p)															
			Table	I - No	n-Deriva	tive	Se	curitie	s Ac	quired	, Dis	posed o	f, or B	enefic	cially	Owne	ed		
[Date	2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year)		ction Instr.	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		and 5) Secu Bene Owne		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) o (D)	Pric	e		action(s) 3 and 4)		(Instr. 4)		
Common Stock 09/13				09/13/2	018(1)		P		75,000	5,000 A		.1888	7,251,163		I	By funds ⁽²⁾⁽³⁾			
Common Stock 09/14				09/14/2	2018		P		75,000	A	\$	1.23	7,326,163		I	By funds ⁽²⁾⁽³⁾			
Common Stock 09/17/			09/17/2	.018		P		60,000 A		\$1	.1824	7,3	386,163	I	By funds ⁽³⁾⁽⁴⁾				
			Tab									sed of, onvertib				wned		,	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	xercise (Month/Day/Year) e of vative		if any C		4. Transactior Code (Instr. B)		5. Number of		6. Date Exerci Expiration Dat (Month/Day/Ye		sable and	7. Title a Amount Securiti Underly Derivati	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		rice of ivative curity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
						ode	v	(A)	(D)	Date Exercisa		Expiration Date		Amoun or Numbe of Shares					
		f Reporting Per		<u>L P</u>															
(Last) C/O VEN 3340 HII	NROCK LLVIEW A	(First) VENUE		(Mid	dle)														
(Street) PALO A	LTO	CA		943	04														

	s of Reporting Person [*] vestment Holdings	s III, LLC
(Last)	(First)	(Middle)
C/O VENROCK		
3340 HILLVIEW	' AVENUE	
(Street)		
PALO ALTO	CA	94304
(City)	(State)	(Zip)
	s of Reporting Person* sement III, LLC	
(Last)	(First)	(Middle)
C/O VENROCK		
3340 HILLVIEW	' AVENUE	
(Street)		
PALO ALTO	CA	94304
(City)	(State)	(Zip)
1. Name and Address Shah Nimish I	s of Reporting Person [*]	
(Last)	(First)	(Middle)
C/O VENROCK		
3340 HILLVIEW	' AVENUE	
(Street)		
PALO ALTO	CA	94304
(City)	(State)	(Zip)

Explanation of Responses:

- 1. This Form 4 is the second of two Form 4s being filed to report the beneficial ownership of the following Reporting Persons: Venrock Associates IV, LP, Venrock Partners, LP, Venrock Entrepreneurs Fund IV, LP, Venrock Management IV, LLC, Venrock Management IV, LLC, Venrock Healthcare Capital Partners II, LP, VHCP Management II, LLC, VHCP Co Investment Holdings II, LLC, Venrock Healthcare Capital Partners III, LP, VHCP Management III, LP, VHCP Management III, LP, VHCP Management III, LLC, VHCP Co Investment Holdings III, LLC, Bong Koh and Nimish Shah. Two Form 4s are being filed because each form can report a maximum of 10 reporting persons.
- 2. Consists of (i) 68,183 shares purchased by Venrock Healthcare Capital Partners III, LP and (ii) 6,817 shares purchased by VHCP Co-Investment Holdings III, LLC.
- 3. Venrock Management IV, LLC ("VM4") is the general partner of Venrock Associates IV, LP. VEF Management IV, LLC ("VFM") is the general partner of Venrock Partners, LP. VEF Management IV, LLC ("VEFM") is the general partner of Venrock Entrepreneurs Fund IV, LP. VHCP Management II, LLC ("VHCPM2") is the general partner of Venrock Healthcare Capital Partners II, LP and the manager of VHCP Co-Investment Holdings II, LLC. VHCP Management III, LLC ("VHCPM3") is the general partner of Venrock Healthcare Capital Partners III, LP and the manager of VHCP Co-Investment Holdings III, LLC. Bong Koh and Nimish Shah are the managing members of VHCPM3. Each of VM4, VPM, VEFM, VHCPM2, VHCPM3, Bong Koh and Nimish Shah (together, the "Managers") may be deemed to beneficially own these shares. Each of the Managers expressly disclaims beneficial ownership over these shares except to the extent of their indirect pecuniary interests therein.
- $4.\ Consists\ of\ (i)\ 54,\!546\ shares\ purchased\ by\ Venrock\ Healthcare\ Capital\ Partners\ III,\ LP\ and\ (ii)\ 5,\!454\ shares\ purchased\ by\ VHCP\ Co-Investment\ Holdings\ III,\ LLC.$

Remarks:

<u>Signatory</u> <u>Signatory</u>	09/17/2018
<u>David L. Stepp, Authorized</u> <u>Signatory</u>	09/17/2018
<u>David L. Stepp, Authorized</u> <u>Signatory</u>	09/17/2018
<u>David L. Stepp, Authorized</u> <u>Signatory</u>	09/17/2018
<u>David L. Stepp, Attorney-in-fact</u>	09/17/2018
** 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.