FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										

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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

1 Name an	nd Address of	Reporting Person*			2. 19	ssuer	Name	and Ticl	ker or Tr	ading	Symbol			5.	Relationsh	ip of Reportin	g Person(s) to I	ssuer	
1. Name and Address of Reporting Person* Edmonds Amy					Be	2. Issuer Name and Ticker or Trading Symbol Bellerophon Therapeutics, Inc. [BLPH]									heck all ap Dire	plicable)	10% (
															v Offic	er (give title	Other	(specify	
(Last)	.ast) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year)								w)	below	,	
184 LIBERTY CORNER ROAD					09/	09/25/2018									VP	VP Clinical Operations & Admin			
SUITE 3	02				\vdash														
					. 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) WARREI	N NJ	T (07059												X For	m filed by One	e Reporting Pers	son	
															Fori Per		e than One Rep	porting	
(City)	(St	ate) ((Zip)																
		Tab	le I - Nor	n-Deriv	ative	Se	curiti	es Ac	guired	, Dis	posed o	f, or	Ben	eficia	ılly Own	ed			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution		cution Date,		Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3, 4			nd Secur Benef	eficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownershij (Instr. 4)		
									Code	· v	Amount		(A) or (D)	Price	Trans	action(s) 3 and 4)		(1115411 4)	
Common Stock 09/25/					5/2018			A		82,24	3	A	\$() 1	76,043	D			
		Ta	able II - D								sed of, onvertib				/ Owned	l			
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)	Date,	4. Transaction Code (Instr. 8)		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)		e	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3	8. Price of Derivative Security (Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirec Beneficia Ownershi (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis		Expiration Date	Title	or Nur of	ount nber					

Explanation of Responses:

Remarks:

/s/ Amy Edmonds

09/26/2018

Date

** 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.