FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C.	20549
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Check this box if no longer subject to Section 16. Form 4 or Form 5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden

	ons may conti ion 1(b).	nue. See		File	d nureus	ant to	Section	n 16(a)	of the S	Securi	ties Exchange	Δct of	103/			hours	per response:	0.5		
msuuci	1011 1 (b).			File							mpany Act of		1934			1				
1. Name and Address of Reporting Person* VENROCK ASSOCIATES IV L P				2. Issuer Name and Ticker or Trading Symbol Bellerophon Therapeutics, Inc. [BLPH]											olicable)	g Person(s) to	lssuer Owner			
(Last) C/O VEN	ROCK					3. Date of Earliest Transaction (Month/Day/Year) 08/14/2018									Office below	er (give title w)	Oth belo	er (specify w)		
3340 HILLVIEW AVENUE					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street) PALO Al	LTO C.	A !	94304												Line) Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate) ((Zip)																	
		Tab	le I - No	n-Deriv	ative	Sec	uritie	s Acc	quired	, Dis	sposed of,	or B	enefic	ially	Owne	ed				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)					4 and 5) S		ount of ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownershi					
						Code	v	Amount	unt (A) or Pr		e	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)					
Common Stock			08/14/2	08/14/2018				P		190,977(1)	A	\$0.	6486	6,2	202,770	I ⁽²⁾	By fund			
Common Stock 08/1				08/15/2	2018				P		272,000	A	\$0.	6467	6,474,770		I ⁽³⁾	By fund		
Common Stock 08/16/2			2018				P		66,393	3 A \$0		6493 6,541,163		541,163	I ⁽⁴⁾	By fund				
		Ta									osed of, o convertible				vned					
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deer Execution	med on Date,	4. Transac Code (In 8)	tion	5. Number		6. Date Exerc Expiration Da (Month/Day/Y		isable and ite arr)	7. Title and Amount of Securities Underlying Derivative Security (Instr and 4)		8. Pr Deri Secu (Inst		ive derivative y Securities	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownershi t (Instr. 4)		
					Code	v	(A) (D)				Expiration Date		Amount or Number of Shares	ımber						
		Reporting Person*	V L P																	
(Last) C/O VEN 3340 HII	NROCK LLVIEW A	(First) VENUE	(Mic	ddle)																
(Street) PALO A	LTO	CA	943	304		-														
(City)		(State)	(Zip)		-														
1. Name an Shah N		Reporting Person*																		

(City) **Explanation of Responses:**

(First)

CA

(State)

(Middle)

94304

(Zip)

(Last)

(Street) PALO ALTO

C/O VENROCK

3340 HILLVIEW AVENUE

- 2. Consists of (i) 173,617 shares purchased by Venrock Healthcare Capital Partners III, LP and (ii) 17,360 shares purchased by VHCP Co-Investment Holdings III, LLC.
- 3. Consists of (i) 247,275 shares purchased by Venrock Healthcare Capital Partners III, LP and (ii) 24,725 shares purchased by VHCP Co-Investment Holdings II, LLC.
- 4. Consists of (i) 60,358 shares purchased by Venrock Healthcare Capital Partners III, LP and (ii) 6,035 shares purchased by VHCP Co-Investment Holdings III, LLC.

Remarks:

/s/ David L. Stepp, Authorized **Signatory**

08/1<u>6/2018</u>

/s/ David L. Stepp, attorney-in-

** Signature of Reporting Person

08/16/2018

fact

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.