FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL        |          |  |  |  |  |  |  |  |  |  |
|---------------------|----------|--|--|--|--|--|--|--|--|--|
| OMB Number:         | 3235-028 |  |  |  |  |  |  |  |  |  |
| Estimated average I | burden   |  |  |  |  |  |  |  |  |  |

0.5

hours per response:

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

|   |   |  |   |         | 01 3                           | Secur  | 011 30(11) (   | or tire | invesimen                              | COII | ipariy Act       | 01 1340   |                |        |   |  |                |  |   |  |
|---|---|--|---|---------|--------------------------------|--|--|---------|--|------|------------------|---|----------------|--------|---|--|----------------|--|---|--|
| Name and Address of Reporting Person*     Naidu Manesh            |   |  |   |         |                                | 2. Issuer Name <b>and</b> Ticker or Trading Symbol Bellerophon Therapeutics, Inc. [ BLPH ] |  |         |  |      |                  |   |                |        | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner |  |                |  |   |  |
|   |   |  |   |         |                                |  |  |         |  |      |                  |   |                | _      |   | give title   |                | Other (  |   |  |
| (Last) (First) (Middle)   |   |  |   |         |                                | 3. Date of Earliest Transaction (Month/Day/Year) 02/13/2015                                |  |         |  |      |                  |   |                |        | A below) below)  Chief Business Officer   |  |                |  |   |  |
| C/O BELLEROPHON THERAPEUTICS, INC.<br>53 FRONTAGE ROAD, SUITE 301 |   |  |   |         |                                |  |  |         |  |      |                  |   |                |        |   |  |                |  |   |  |
| 55 I KONTAGE KOAD, SUITE 301                                      |   |  |   |         | 4. If                          | 4. If Amendment, Date of Original Filed (Month/Day/Year)                                   |  |         |  |      |                  |   |                |        | 6. Individual or Joint/Group Filing (Check Applicable                                       |  |                |  |   |  |
| (Street)  | ON N  | <b>.</b>                                   | 00007   |         |                                |  |  |         |  |      |                  |   |                | Line   | ,   | filed by One   | e Rep          | orting Perso   | on  |  |
| HAMPI   | MPTON NJ 08827  |  |   |         |                                |  |  |         |  |      |                  |   |                |        | Form filed by More than One Reporting Person  |  |                |  |   |  |
| (City)  | (S  | tate)                                      | (Zip)   |         |                                |  |  |         |  |      |                  |   |                |        | 1 0100  |  |                |  |   |  |
|   |   | Tab  | le I - Nor                                    | า-Deriv | ative                          | Se   | curitie  | s Ac    | quired,                                | Dis  | oosed o          | of, or B  | ene            | ficial | ly Owne   | d  |                |  |   |  |
| 1. Title of Security (Instr. 3)  2. Transa Date (Month/D          |   |  |   |         |                                | ar)   I  | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year |         | , Transaction Dispo<br>Code (Instr. 5) |      | Dispose          | ities Acqu<br>d Of (D) (I   |                |        | Benefic<br>Owned  | es<br>ially<br>Following   | Form<br>(D) o  | wnership<br>n: Direct<br>or Indirect<br>nstr. 4)                         | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |  |
|   |   |  |   |         |                                |  |  |         | Code                                   | v    | Amount           | (A) or<br>(D)   |                | Price  | Reporte<br>Transac<br>(Instr. 3   | tion(s)  |                |  | (Instr. 4)  |  |
|   |   | Т  | able II -                                     |         |                                |  |  |         | uired, D<br>s, option                  |      |                  |   |                |        | Owned   |  |                | <u> </u>   |   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)               | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deeme<br>Execution<br>if any<br>(Month/Da | Date,   | 4.<br>Transactic<br>Code (Inst |  |  |         | 6. Date Ex<br>Expiration<br>(Month/Da  | Date |                  | le and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) |                |        | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)   | 9. Number<br>derivative<br>Securities<br>Beneficial<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | e<br>S<br>Illy | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>t (Instr. 4)             |  |
|   |   |  |   |         | Code                           | v  | (A)  | (D)     | Date<br>Exercisabl                     |      | xpiration<br>ate | Title   | or<br>Ni<br>of | umber  |   |  |                |  |   |  |
| Stock<br>Option<br>(right to<br>buy)                              | \$12  | 02/13/2015                                 |   |         | A                              |  | 1,995  |         | (1)                                    | 0:   | 2/12/2025        | Commo<br>Stock  | <sup>1</sup> 1 | ,995   | \$0.00  | 1,995  | 5              | D  |   |  |

## **Explanation of Responses:**

1. This option was granted on February 13, 2015. This option vests as to 25% of the underlying shares on each one year anniversary of the date of grant.

/s/ Manesh Naidu

02/19/2015

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.