FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB APPROVAL

OMB Number: 3235-0287

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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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Cloyd Mary Ann | | | | | 2. Issuer Name and Ticker or Trading Symbol Bellerophon Therapeutics, Inc. [BLPH] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---|--|---|-----------------|---|--|--------|---------------------|--|------------|--|--|---|---|------|---|--|--|
| | | | | - | | - I | | T. | | <u> </u> | | | X Direct | or | | 10% Ow | ner | |
| (Last) C/O BEL | , | rst) (| Middle) TICS, INC. | | 3. Date of Earliest Transaction (Month/Day/Year) 09/10/2020 | | | | | | | | Officer (give title below) | | | Other (s below) | pecify | |
| 184 LIBERTY CORNER ROAD, SUITE 302 | | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | N NJ | J (| 07059 | | | | | | | Lin | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City) | (St | tate) | Zip) | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Execution Date, | | 3. Transaction Code (Instr. 3, 4) Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5) | | | ed (A) or str. 3, 4 and | Benefic | es ially Following | Form: (D) or | m: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | Code V | An | nount | (A) or (D) | (A) or (D) Price | | ed ction(s) 3 and 4) | | (| Instr. 4) | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 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) | | Transaction Code (Instr. | | n of E | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | illy | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expira Date | ation | Title | Amount or Number of Shares | | | | | | |
| Stock Option (right to buy) | \$10.12 | 09/10/2020 | | A | | 6,509 | | 09/10/2021 | 09/10/ | /2030 | Common Stock | 6,509 | \$10.12 | 14,472 | 2 | D | | |

Explanation of Responses:

Remarks:

/s/ Mary Ann Cloyd

09/14/2020

** Signature of Reporting Person

Date

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

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.

 $^{^{\}star}$ 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).