FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	OVAL							
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

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 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Fernandes Peter							2. Issuer Name and Ticker or Trading Symbol Bellerophon Therapeutics, Inc. [ BLPH ]									all app	o of Reportin dicable) ctor er (give title	10	to Issuer % Owner her (specify	
(Last) (First) (Middle) C/O BELLEROPHON THERAPEUTICS, INC. 184 LIBERTY CORNER ROAD, SUITE 302						3. Date of Earliest Transaction (Month/Day/Year) 06/12/2018										belov		ow)		
(Street) WARREN NJ 07059					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									S. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)  Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned															_					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						Execution			Transaction Disposed Code (Instr. 5)		ties Acquired (A) d Of (D) (Instr. 3,			4 and Se Be Ov		ount of ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect ct Beneficial Ownershi	of Indirect Beneficial Ownership	
						Code	v	Amount	(	A) or D)	Price	'	Transa	Reported Fransaction(s) Instr. 3 and 4)		(Instr. 4)				
Common	06/12	06/12/2018				F		11,304	4	D \$2.3		37 102,676		D						
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)	rivative Conversion Date Executio curity or Exercise (Month/Day/Year) if any			n Date, Transaction Code (Ins					6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe of		ount			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownershi ct (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

**Explanation of Responses:** 

Remarks:

/s/ Peter Fernandes

06/13/2018

\*\* 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.