## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-028								

87 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). Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c).

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

300 1110					1														
1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Gagnon Robert E.					Bone Biologics Corp [ BBLG ]								1,0	X Direct	,		10% Ow	vner	
(Last)	,	rst) (	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/08/2024								Office below	r (give title )	give title Other below)		specify		
BURLINGTON WOODS DR. SUITE 100					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street) BURLINGTON MA 01803														X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Si	tate)	(Zip)																
		Tabl	e I - Non-	Deriva	ative S	Sec	uritie	s Ac	cquired, D	ispo	osed o	of, or Be	eneficia	ally Owne	d				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution Date,			, Transaction Dispose Code (Instr. 5)		ırities Acquired (A) or ed Of (D) (Instr. 3, 4 ar		5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	t (A) or Pr		Trancac	tion(s)			(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)	Execution Date, Transaction of			tive ties red sed	6. Date Exercisable and Expiration Date (Month/Day/Year)  Month/Day/Year)  T. Title and Amount of Securities Underlying Derivative Seci (Instr. 3 and 4)					8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisable	Exp	oiration e	Title	Amount or Number of Shares	1					
Non- Employee Stock Option	\$4.68	01/08/2024			A		9		(1)	01/0	08/2034	Common Stock	9	\$0.00	9		D		
Non- Employee Stock Option	\$4.68	01/08/2024			A		8.006		(2)	01/0	08/2034	Common Stock	8,006	\$0.00	8,015		D		

## **Explanation of Responses:**

- 1. This option was granted under the Bone Biologics Corporation 2015 Equity Incentive Plan, in a transaction exempt under Rule 16b-3 and, except as otherwise provided in the award notice, vests and becomes exercisable on the date of the next annual meeting of the stockholders of the Company following the grant date.
- 2. This option was granted under the Bone Biologics Corporation 2015 Equity Incentive Plan, in a transaction exempt under Rule 16b-3 and, except as otherwise provided in the award notice, 2,003 options are immediately exercisable with the remaining 6,003 options vesting and becoming exercisable in three equal installments on 3/12/2024, 6/12/2024, and 9/12/2024.

/s/ Robert E. Gagnon

01/10/2024

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.