

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

☐ 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

☐ 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). See Instruction 10.

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)		
<u>Frelick Jeff</u> (Last) (First) (Middle) <u>C/O BONE BIOLOGICS CORP,</u> <u>2 BURLINGTON WOODS DR.SUITE 100</u> (Street) <u>BURLINGTON, MA</u> <u>01803</u> (City) (State) (Zip)			<u>Bone Biologics Corp [BBLG]</u> 3. Date of Earliest Transaction (Month/Day/Year) <u>01/15/2025</u> 4. If Amendment, Date of Original Filed (Month/Day/Year)			Director 10% Owner X Officer (give title below) Other (specify below) <u>Chief</u> <u>Executive</u> <u>Officer</u> 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person		

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

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. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock								2,151	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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 of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V		Date Exercisable	Expiration Date					
Employee Stock Option	\$0.9678	01/15/2025		A		54,110	01/15/2025	01/15/2027	Common Stock 54,110 ⁽¹⁾	\$0	54,110	D	
Employee Stock Option	\$3.61						(2)	01/17/2026	Common Stock 25,000		25,000	D	
Employee Stock Option	\$9,540						(2)	12/27/2025	Common Stock 173		173	D	
Employee Stock Option	\$12,300						(2)	05/26/2026	Common Stock 44		44	D	
Employee Stock Option	\$57.6						(2)	01/25/2025	Common Stock 157		157	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 immediately.

2. This option is fully vested as of the date of this report.

/s/ Jeff Frelick

01/17/2025

** 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.