

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

☐ 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). 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>Stroeve Bruce</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>06/04/2025</u> 4. If Amendment, Date of Original Filed (Month/Day/Year)		X Director 10% Owner Officer (give title below) Other (specify below) 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			

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	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Non-Employee Stock Option	\$0.88	06/04/2025		A		62,894		(1)	06/04/2035	Common Stock	62,894	\$0	62,894	D	
Non-Employee Stock Option	\$1.73							(2)	09/17/2034	Common Stock	30,713		30,713	D	
Non-Employee Stock Option	\$5.12							(3)	09/13/2033	Common Stock	10,721		10,721	D	
Non-Employee Stock Option	\$387.28							(3)	08/23/2027	Common Stock	154		154	D	
Non-Employee Stock Option	\$844.8							(3)	01/01/2032	Common Stock	37		37	D	
Non-Employee Stock Option	\$1,260							(3)	10/26/2031	Common Stock	13		13	D	

Explanation of Responses:

- 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 in four equal quarterly installments.
- This option was granted on 9/17/2024 and vests in four equal quarterly installments.

3. This option is fully exercisable as of the date of this report.

/s/ Bruce Stroeve

06/06/2025

** 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.