## FORM 4

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

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									

0.5

hours per response:

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

transac contrac the pur securiti to satis	chase or sale o es of the issuer fy the affirmativ ons of Rule 10b	pursuant to a written plan for f equity that is intended te defense																		
1. Name and Address of Reporting Person* <u>Angle Siddhesh Rajendra</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol Bone Biologics Corp [ BBLG ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner  Officer (give title Other (specify below) below)						
(Last) (First) (Middle) C/O BONE BIOLOGICS CORP,						3. Date of Earliest Transaction (Month/Day/Year) 06/04/2025														
2 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 Line)						
(Street) BURLINGTON, MA 01803													X Form filed by One Reporting Person  Form filed by More than One Reporting  Person							
(City)	(S	· · · · · · · · · · · · · · · · · · ·	(Zip)																	
1 Title of	Security (Ins		le I - Noi	n-Deriv		_	A. Deeme		quired, D	isp	1	of, or Be			y Owned		6. Ov	wnership	7. Nature	
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Execution Date,		e, Transaction Di Code (Instr. 5)		Dispose 5)	sposed Of (D) (Instr. 3,			Securitie Benefici	ies For ially (D) Following (I) (I		n: Direct or Indirect nstr. 4)	of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	ınt (A) or (D)			Transact (Instr. 3	ction(s)			(11541.4)	
	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. Deeme Execution if any (Month/Da	Date,		5. Number of Operivative			6. Date Exer Expiration D (Month/Day/		7. Title ar Amount c Securities Underlyir Derivative (Instr. 3 a	of S Ig Secund 4)	rity	8. Price of Derivative Security (Instr. 5)			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		opiration ate	Title	Amo or Num of Shar	ber						
Non- Employee Stock Option	\$0.88	06/04/2025			A		62,894		(1)	06	5/04/2035	Common Stock	62,8	394	\$0	62,894		D		
Non- Employee Stock Option	\$1.73								(2)	09	)/17/2034	Common Stock	30,7	713		30,713	3	D		
Non- Employee Stock Option	\$5.12								(3)	09	0/13/2033	Common Stock	10,7	721		10,721	ı	D		
Non- Employee Stock Option	\$387.28								(3)	08	3/23/2027	Common Stock	15	54		154		D		
Non- Employee Stock Option	\$844.8								(3)	01	/01/2032	Common Stock	3	7		37		D		
Non- Employee Stock Option	\$1,260								(3)	10	)/26/2031	Common Stock	1:	3		13		D		
Non- Employee Stock Option	\$1,260								(3)	10	)/15/2031	Common Stock	8-	4		84		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 in four equal quarterly installments.
- 2. 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/ Siddhesh Angle 06/06/2025

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.