FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL								
	OMB Number:	3235-0287							
	Estimated average burden								
- 1	hours nor roomanas:	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

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

Instruct	ons of Rule 10b ion 10.	5-1(c). See																
Name and Address of Reporting Person* Meikle Phillip Terry II					2. Issuer Name and Ticker or Trading Symbol Bone Biologics Corp [BBLG]								Relationship of Reporting Person(s) to Issuer (Check all applicable)					
IVICIKIC	<u>Meikle Philip Terry II</u>					<u>S</u>							X Directo	or		10% Ow	/ner	
(Last)	ast) (First) (Middle) O BONE BIOLOGICS CORP,				3. Date of Earliest Transaction (Month/Day/Year) 06/04/2025							Officer (give title Other (specify below) below)						
2 BURLINGTON WOODS DR. SUITE 100																		
2 BURLINGTON WOODS DR. SUITE 100				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)													X Form filed by One Reporting Person					
BURLINGTON, MA 01803												Form filed by More than One Reporting Person						
(City)	(City) (State) (Zip)																	
		Tab	le I - Non-Deri	vative	Sec	curities	s Ac	quired, D	ispos	ed o	f, or Be	neficia	lly Owned	d				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Execution Date,			Code (Instr. 5)			ed (A) or str. 3, 4 ar	Benefici Owned I	es ally Following	Form (D) o	n: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	V Am	nount	(A) o	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
		T	able II - Deriv										y Owned					
			(e.g.,	puts, c	calls	s, warr	ants	s, options	, conv	/ertil	ble secu	ırities)						
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)				6. Date Exercisable a Expiration Date (Month/Day/Year)		and	nd 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
												Amount or Number						
				Code	v	(A)	(D)	Date Exercisable	Expira Date	ition	Title	of Shares						
Non- Employee Stock Option	\$0.88	06/04/2025		A		62,894		(1)	06/04/2	2035	Common Stock	62,894	\$0	62,894	ļ	D		
Non- Employee Stock Option	\$1.88							(2)	10/16/2	2034	Common Stock	28,185		28,185		D		
Non- Employee Stock	\$1.88							(3)	10/16/2	2034	Common Stock	9		9		D		

Explanation of Responses:

- 1. This option was granted under the Bone Biologies 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 10/16/2024 and vests in equal installments on each of 12/17/2024, 3/19/2025, 6/19/2025 and 9/17/2025.
- 3. This option is fully exercisable as of the date of this report.

/s/ Phillip Meikle

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.