

FIBROBIOLOGICS, INC.

Reported by GARCIA RUBEN A

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 12/12/25 for the Period Ending 12/11/25

Address 455 E. MEDICAL CENTER BLVD

SUITE 300

HOUSTON, TX, 77598

Telephone 281-671-5150

CIK 0001958777

Symbol FBLG

SIC Code 2834 - Pharmaceutical Preparations

Industry Biotechnology & Medical Research

Sector Healthcare

Fiscal Year 12/31

FORM 4

☐ 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 that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

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 app	licable)			
GARCIA RU	BEN A				Fil	orol	Biolog	ics, Inc	. [F	BLG	.]						_	
(Last) (First) (Middle)				3. Date of Earliest Transaction (MM/DD/YYYY) 12/11/2025								Director10% Owner						
												X_ Officer (give title below) Other (specify below) General Counsel						
C/O FIBROBIOLOGICS, INC., 455 E.												General Counsel						
MEDICAL C)													
	(Stree		,		_	f Am	endme	nt, Date O	rigir	nal File	d (MM/DI	D/YYY	YY)	6. Individual o	r Joint/Gi	roup Filing	Check Appl	icable Line)
************									_									
HOUSTON,, TX 77598				_							X_Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City) (State) (Zip)										Tomi filed by Wore than One Reporting Letson								
			Table 1	I - Non-	Der	ivati	ve Secu	irities Ac	quir	ed, Dis	posed of	f, or l	Bene	eficially Owne	d			
1. Title of Security 2. Trans. Da						3. Trans. Co (Instr. 8)	de 4. Securities Acqui or Disposed of (D)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			6. 7. N Ownership of Ir	7. Nature			
(Instr. 3)			Date, if any			(IIISII. 0)		(Instr. 3, 4 and 5)				(Instr. 3 and 4)			Form:	Beneficial		
											1							Ownership (Instr. 4)
											(A) or	. .					(I) (Instr.	(msu. 1)
G 0: 1				10/11/20	_			Code	V	Amoun	/	Pric				440.000	4)	
Common Stock				12/11/20	25			P		140,000	A	\$0.34	127			140,000	D	
							<i>a</i>	0 1								•.• \		
						_		,	<u> </u>					ptions, conver			1	
Title of Derivate Security				rans. tr. 8)	Code	Numb Derivativ	er of e Securities							8. Price of Derivative	Number of derivative	10. Ownership	11. Nature of Indirect	
(Instr. 3) or Exercise Price of Derivative			Date, if			Acquir		l(A) or		Deriv						Securities	Form of	Beneficial
					Disposed (Instr. 3,							. 3 and	4) (Instr. 5)		Beneficially Owned		Ownership (Instr. 4)	
Security																Following Reported	Direct (D) or Indirect	
									Date		Expiration	Title		unt or Number of		Transaction(s)	(I) (Instr.	
				C	ode	V	(A)	(D)	Exe	rcisable	Date		Share	es		(Instr. 4)	4)	

Explanation of Responses:

(1) The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions ranging from \$0.3333 to \$0.3504 on December 11, 2025. The reporting person will provide upon request to the SEC, the Issuer, or security holder of the Issuer, full information regarding the number of shares purchased at each separate price.

Reporting Owners

reporting owners							
Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
GARCIA RUBEN A							
C/O FIBROBIOLOGICS, INC.			General Counsel				
455 E. MEDICAL CENTER BLVD., SUITE 30)		General Counsel				
HOUSTON,, TX 77598							

Signatures

/s/ Ruben A. Garcia 12/12/2025

**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 control number.