

TELA BIO, INC. Reported by QUAKER BIOVENTURES CAPITAL II, L.P.

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 06/23/22 for the Period Ending 06/02/22

Address 1 GREAT VALLEY PARKWAY, SUITE 24

MALVERN, **PA**, 19355

Telephone 484-320-2930

CIK 0001561921

Symbol TELA

Fiscal Year 12/31





[X] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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 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 Ad	dress of Rep	orting Per	ting Person * 2. Issuer Name and Ticker or Trading Symbol 5. Relationship of Reporting Person						n(s) to Issi	ıer							
	•												(Check all app	licable)			
Quaker BioV	entures l	II LP		1	TELA	A Bio,	Inc. [TI	ELA	\]								
(Last)	(First)	(Mi	iddle)	3	. Date	of Earli	est Transa	ction	1 (MM/	DD/YYYY))		Director		_X_ 109		
,	,		,										Officer (giv	e title below) Oth	ner (specify b	elow)
150 MONUN	MENT RO	OAD,, S	UITE 2	207			6/2	/20	22								
(Street)				4	4. If Amendment, Date Original Filed (MM/DD/YYYY)							6. Individual or Joint/Group Filing (Check Applicable Line)					
DAY A CYDII		10001															
BALA CYN	W Y D, PA	19004											Form filed by Form filed by	One Reporti	ing Person	Person	
(City) (State) (Zip)												X_Form filed by More than One Reporting Person					
			Table I	- Non-D					ed, Di	sposed of	f, or	Bei	neficially Owne	d			
1.Title of Security (Instr. 3)			2. Trans. Date Execution Date, if any Date,				6.	7. Nature									
(msu. 3)							(Ilisti. 6)				,			ransaction(:	5)	Form:	of Indirect Beneficial Ownership
												-				Direct (D) or Indirect	
							G 1	* 7	١.	(A) or						(I) (Instr.	(111011. 1)
G 6: 1				(12.12.022			Code	V	Amou		Pri	-+		0 (2)		4)	
Common Stock				6/2/2022			J ⁽¹⁾		17511	00 D	\$0	U		0 757		D	
	m 1				ъ	c 11	0 1/						,•		•		
	_						,	· ·					options, conver			1	I
Title of Derivate Security	2. Conversion	3. Trans. Date	3A. Deeme Execution			NumbDerivative	er of e Securities					nd Amount of s Underlying		Number of derivative	10. Ownership	 Nature of Indirect 	
(Instr. 3)	or Exercise Price of		Date, if an		- /	Acquired (A) or Disposed of (D)			Deri			Derivative Security (Instr. 3 and 4)		Security Securit	Securities	Form of	Beneficial
	Derivative					(Instr. 3,					(Insti	. <i>3</i> a	and 4)	(Instr. 5) Beneficially Derivative Ownership Owned Security: (Instr. 4)			
	Security						.								Following Reported	Direct (D) or Indirect	
								Date		Expiration	Title		mount or Number of		Transaction(s)	(I) (Instr.	
				Cod	e V	(A)	(D)	Exe	rcisable	Date		Sna	ares	(Instr. 4)	4)		

Explanation of Responses:

- (1) Quaker BioVentures II, L.P. distributed these shares on a pro rata basis, for no consideration.
- (2) Quaker BioVentures Capital II, L.P., the general partner of Quaker BioVentures II, L.P., received its pro rata shares in the distribution and in turn distributed all such shares to its own partners.

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Quaker BioVentures II LP							
150 MONUMENT ROAD,		X					
SUITE 207		Λ					
BALA CYNWYD, PA 19004							
Quaker BioVentures Capital II, L.P.							
150 MONUMENT ROAD,	1	X					
SUITE 207		A					
BALA CYNWYD, PA 19004							

Signatures

Quaker BioVentures II, L.P. By: Quaker BioVentures Capital II, L.P., its general partner By Quaker BioVentures Capital II, LLC, its general partner By: /s/ Adele C. Oliva, Executive Manager

6/23/2022 Date

**Signature of Reporting Person

6/23/2022

Quaker BioVentures Capital II, L.P., its general partner By: Quaker BioVentures Capital II, LLC, its general partner By: /s/ Adele C. Oliva, Executive Manager

Date

**Signature of Reporting Person

- * 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.