FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

| | tion 1(b). | ide. dee | | Filed | | | | | | | ties Exchang Impany Act o | | of 1934 | | | nours | per re | esponse: | 0.5 |
|--|---|--|--------------|---|---|--|---|--|---------------------------|--------------------|--|-----------|---|------------------------------------|--|-------|--|--|---------|
| 1. Name and Address of Reporting Person* RECUPERO ANTHONY J | | | | 2. Issuer Name and Ticker or Trading Symbol SI-BONE, Inc. [SIBN] | | | | | | | | Check all | | ng Pe | erson(s) to Is 10% Ov Other (s | ner | | | |
| (Last) (First) (Middle) C/O SI-BONE, INC. 471 EL CAMINO REAL, SUITE 101 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/16/2020 | | | | | | | | | | elow | | | below) | specify |
| (Street) SANTA CLARA (City) | CA (St | | 5050 Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ine) X F | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acc | quire | d, Dis | posed of | , or E | Benefic | ially O | wne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acqu Disposed Of (D) (In | | | Acquir (D) (Ins | cquired (A) or O) (Instr. 3, 4 and 5) | | 5. Amount of Securities Beneficially Owned Following Reported | | 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 | Tr | Transaction(s) (Instr. 3 and 4) | | | | (111341. 4) | |
| Common Stock 07/16/20 | | | | |)20 | | | S ⁽¹⁾ | | 578 | D | \$16.5 | 5622 72, | | 2,690(2) | | D | | |
| 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) | if any | emed tion Date, n/Day/Year) | | saction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | rative rities ired r osed) : 3, 4 | 6. Dat Expira (Mont | Year) | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) Amoun or Numbo of Title | | nt er | | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

- 1. The sale reported on this Form 4 represents shares required to be sold by the Reporting Person to cover tax withholding obligations in connection with the vesting of restricted stock units. The sale satisfies the tax withholding obligations to be funded by a "sell to cover" transaction and does not represent a discretionary trade by the Reporting Person.
- 2. Includes 65,045 shares issuable on the settlement of restricted stock units granted to the Reporting Person. Each restricted stock unit represents a contingent right to receive one share of the Issuer's common stock.

Remarks:

/s/ Michael A. Pisetsky,

Attorney-in-Fact for Anthony 07/17/2020

J. Recupero

** 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.