FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-028								
Estimated average b	ourden								

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

hours per response: 0.5

					or	Section	30(h)	of the	e Inves	stment	Comp	pany Act o	of 1940							
1. Name and Address of Reporting Person* Freund John Gordon					2. Issuer Name and Ticker or Trading Symbol SI-BONE, Inc. SIBN									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Fleund John Goldon								_	-					X	Direc	ctor	X	10% C)wner	
(Last) (First) (Middle) C/O SKYLINE VENTURES						3. Date of Earliest Transaction (Month/Day/Year) 08/26/2019										Offic belov	er (give title w)		Other below)	(specify
525 UNIVERSITY AVENUE, SUITE 1350					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street) PALO ALTO CA 94301														Line) X	Form filed by One Reporting Person					
,																Form filed by More than One Reporting Person				
(City)	(St	ate) (Zip)																	
		Tabl	e I - I	Non-Deriv	ative	e Sec	uritie	s A	cquii	red, C	Disp	osed o	f, or B	enefic	ially (Owne	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye				Execution Date,		·		action (Instr.	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and				Beneficia		rities ficially ed Following	Form	nership : Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amo	mount (A) or Price		Price		Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock			08/26/2019		1		S		15	52,424	D	\$18.4038 ⁽¹⁾		3,819,985			I	By Skyline Venture Partner V, L.P. ⁽²⁾		
		Та	ıble I	l - Derivat (e.g., pı												vned				
1. Title of Derivative Security (Instr. 3)			Code 8)	5. Number of perivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date				7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares		nt er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ov Fo Di or (I)	vnership orm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

- 1. The price reported in column 4 is a weighted-average price. The shares were sold in multiple transactions ranging from \$18.40 to \$19.21, inclusive. The Reporting Person undertakes to provide the Issuer, any securityholder of the Issuer, or the Staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in
- 2. Shares held by Skyline Venture Partners V, L.P. ("SVP V"). Skyline Venture Management V, LLC ("LLC") is the general partner of SVP V and as such may be deemed to have voting and investment power with respect to the securities of SVP V. Dr. Freund, a member of the Issuer's board of directors, together with Yasunori Kaneko, are the managing directors of LLC and each may be deemed to have voting and investment power with respect to the securities held by SVP V. Dr. Freund and Mr. Kaneko disclaim beneficial ownership of such securities, except to the extent of their pecuniary interest therein.

Remarks:

/s/ Michael A. Pisetsky,

Attorney-in-Fact for John G.

08/27/2019

Freund

** 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.