FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

IENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

| Name and Address of Reporting Person* | | | | 2. Issuer Name and Ticker or Trading Symbol SI-BONE, Inc. [SIBN] | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|--|--|--------------------|---|---|---|---|--|---------|--|---|--|---|---|---|--|---------------------|-----------------------------------|
| Davis Timothy E JR | | | | 1 | | <u> </u> | <u></u> [| oibit j | | | | X Directo | or | | 10% Ow | ner | |
| (Last) C/O SI-E | (Fi | * | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/13/2019 | | | | | | | Officer below) | (give title | | Other (sp below) | pecify |
| 471 EL CAMINO REAL, SUITE 101 | | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) SANTA CLARA CA 95050 | | | - | | | | · | ` | Lin | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | ear) i | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Of Code (Instr. 5) | | ities Acquired (A) or d Of (D) (Instr. 3, 4 a | | Benefici | es ally Following | Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code V | Amount | (A) o (D) | r Price | Transact (Instr. 3 | ion(s) | | | (Instr. 4) | |
| | 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 | e (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/\) | I 4. Trans | | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerc Expiration D (Month/Day/\) | ate | of Securit Underlyin | ig e Security | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D) or Indirect (I) (Instr. | Ownership Form: | Beneficial Ownership t (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Stock Options (Right to buy) | \$17.72 | 06/13/2019 | | | A | | 15,741 | | (1) | 06/12/2029 | Common Stock | 15,741 | \$0.00 | 15,741 | | D | |

Explanation of Responses:

1. The shares subject to the option will vest in a series of 12 equal monthly increments over the one-year period following the Vesting Commencement Date, such that the option will be fully vested on the first anniversary of the Vesting Commencement Date, subject to the Reporting Person's continuous service as a member of the Issuer's Board of Directors on each such applicable vesting date.

Remarks:

/s/ Michael A. Pisetsky,

Attorney-in-Fact for Timothy 06/17/2019

E. Davis, Jr.

** 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.