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## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 <sup>*</sup> Valentine Keith					2. Issuer Name and Ticker or Trading Symbol SI-BONE, Inc. [SIBN]									ip of Reporti plicable) ctor	ing Pe	erson(s) to 1		
(Last)	st) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 06/09/2023										er (give title		Other ( below)	
C/O SI-BONE, INC.					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable						
471 EL CAMINO REAL, SUITE 101													Line)	Line) X Form filed by One Reporting Person				
(Street) SANTA														n filed by Mo				
CLARA	CA	A 9		Rule 10b5-1(c) Transaction Indication														
(City)	(St	ate) (Z	Zip)		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.													
		Table	I - No	n-Deriva	tive S	ecui	rities Acc	quired,	Dis	posed of	, or E	Benef	iciall	y Owr	ned			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					y/Year) Execu		eemed ution Date, th/Day/Year)	3. Transaction Code (Instr. 8) 4. Securiti Disposed 5)		ies Acquired (A Of (D) (Instr. 3,		4 and Secur Benef Owne Follow		icially d ving	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A) (D)	or Pr	ice		orted saction(s) r. 3 and 4)			
Common Stock 06/09/2					023		A		4,866(1)	ŀ	<b>\</b> \$	\$0.00 57,2		,209 <sup>(2)</sup>		D		
		Tab	le II -	Derivati (e.g., pu										Owne	ed			
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution D curity or Exercise (Month/Day/Year) if any			ition Date,	Date, Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		De Se (In:	Price of rivative curity str. 5)	9. Number o derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
								Date		Expiration		or Numbe						

Explanation of Responses:

1. Reflects 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. The shares subject to the restricted stock unit will vest 100% upon the earlier of (i) the next annual general meeting of the stockholders of the Company or (ii) the date one year from the Vesting Commencement Date, subject to the Reporting Person's continuous service as a member of the Company's Board of Directors until such date.

Date Exercisable

Expiration

Date

2. Includes 4,866 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,

Shares

Title

06/13/2023 Attorney-in-Fact for Keith C. Valentine

\*\* 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).

Code

(A) (D)

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.