FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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washington, D.C. 20049	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-		

3235-0287 OMB Number: 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(b).

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) - 1										
Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol SI-BONE, Inc. [SIBN]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Pisetsky Michael A</u>					151	DI-DOINE, IIIC. [SIDIN]										Direc	tor	10	% Owner		
					-										X	Office	er (give title v)		her (specit low)	ify	
(Last)	(Fi	rst) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)										GC 8	& Chief Co	mnliance	Officer		
C/O SI-BONE, INC.				10/	10/16/2019										000	control oo	impilance	Jilicci			
471 EL C	CAMINO R	EAL, SUITE 10	1																		
., 1 22 (2112,00112 10	-		4 If	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable					
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(Street)	CT ADA C		.=												X	Form	filed by One	e Reporting	erson		
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(City)	(St	ate) (Zip)																		
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		Iabi	e I - No	n-Deriv	ative	Sec	uritie	S ACC	uirea	, DIS	posed o	it, oi	r Ben	етісі	ally C	wne	ea				
1. Title of S	Security (Inst	r. 3)		2. Transa	action										ount of	6. Ownersh		7. Nature			
				Date (Month/D	e nth/Day/Year)		Execution Date, if any (Month/Day/Year)		Code (Instr.		Disposed	Disposed Of (D) (Instr. 3, 4		3, 4 an			ties cially	Form: Dire		of Indirect Beneficial	
				(Owne		l Following	(I) (Instr. 4)	Owne	Ownership		
									Code	ada V Amauni		(A) or (D) Pri		Price	Repoi		tea action(s)		(Instr	(Instr. 4)	
									Code	V	Amount	Ì	(D)	Price	(Instr.		3 and 4)				
Common Stock 10/10				10/16	/2019				S ⁽¹⁾		248		D	\$15.821		321 17,583 ⁽²⁾		D			
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1. Title of	2.	3. Transaction	3A. Deem	1	4.		_						itle and		8. Pric	on of	9. Number o	f 10.	11 N	Nature	
Derivative	Conversion	Date (Month/Day/Year)	Execution		Transa	ction	5. Number of					Amo	Amount of		Derivative		derivative	Owners	hip of Inc	direct	
Security (Instr. 3)	or Exercise		if any (Month/Day)	au/Vaar)	Code (8)	ode (Instr.		Derivative Securities		(Month/Day/Year)			Securities		Security		Securities Beneficially	Form: Direct (eficial ership	
(IIISII. 3)	Price of Derivative		(MOHUI)D	ayrrear)	0)		Acquired					Underlying Derivative			(Instr. 5)		Owned	or Indir			
Security						(A) or Disposed of (D) (Instr. 3, 4 and 5)					Security (Instr. 3 and 4)				Following	(I) (Insti	4)				
					and 4				Reported Transaction(s)	(s)											
													(Instr. 4)								
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Explanation of Responses:

- 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 9,262 shares issuable on settlement of restricted stock units granted to the Reporting Person. Each restricted stock unit represents a contingent right to receive one shares of the Issuer's common

Remarks:

/s/ Michael A. Pisetsky 10/18/2019

** 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.