FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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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* Freund John Gordon						2. Issuer Name and Ticker or Trading Symbol SI-BONE, Inc. [SIBN]									5. Relationship of Repor (Check all applicable) X Director			rson(s) to Is		
	(Fir	NTURES	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/16/2020										Office below	er (give title /)		Other (below)	specify	
525 UNIVERSITY AVENUE, SUITE 1350					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street) PALO A	LTO CA	Λ 9	4301											Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(St	ate) (Z	Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date			Date	Transaction ate Ionth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)					, 4 and Securi Benefi Owned		ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Pric	e	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 0				06/16/2	/16/2020				A		8,797(1)	A	\$0	.00	00 8,797(2)		D			
Common Stock														2,819,985		I		Skyline Venture Partners V, L.P. ⁽³⁾		
		Tal									osed of, o				Owned	d				
1. Title of Derivative Security (Instr. 3)					4. Transaction Code (Instr. 8)		of Deriv	r osed) r. 3, 4	6. Date Exercis Expiration Dat (Month/Day/Ye		te	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Dei Sed (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall 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)	
					Code	v	(A)	(D)			Expiration Date	0 N 0	umber							

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 be vesting 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.
- 2. Includes 8,797 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.
- 3. Shares held by Skyline Venture Partners V L.P. ("SVP V"). Skyline Venture Management V, LLC ("LLC") is the general partner of SVP V. Dr. Freund, a member of the Issuer's board of directors, is managing director of LLC and as such may be deemed to have voting and investment power with respect to the securities of SVP V. Dr. Freund 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.

06/18/2020

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.