SEC Form 4	
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FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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

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		Estimated average burden hours per response:	0.5
1. Name and Address of Reporting Perso <u>RECUPERO ANTHONY J</u> (Last) (First)	n [*] (Middle)	2. Issuer Name and Ticker or Trading Symbol <u>SI-BONE, Inc.</u> [SIBN] 3. Date of Earliest Transaction (Month/Day/Year)	(Check all applicab Director X Officer (gi below)	10% Own ve title Other (spe below)	er
C/O SI-BONE, INC. 471 EL CAMINO REAL, SUITE	101	05/16/2022	Preside	ent, Commercial Ops	
(Street) SANTA CLARA CA	95050	4. If Amendment, Date of Original Filed (Month/Day/Year)	Line) X Form filed	nt/Group Filing (Check App I by One Reporting Person I by More than One Reporti	
(City) (State)	(Zip)				

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Transaction Disposed Of (D) (Instr. 3, 4 and 5) Code (Instr.		5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)
Common Stock	05/16/2022		S ⁽¹⁾		2,077	D	\$12.5807	177,468	D	
Common Stock	05/16/2022		S ⁽¹⁾		1,470	D	\$12.5807	175,998	D	
Common Stock	05/16/2022		S ⁽¹⁾		1,612	D	\$12.5807	174,386	D	
Common Stock	05/16/2022		S ⁽¹⁾		307	D	\$12.5807	175,214 ⁽²⁾⁽³⁾	D	

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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of Deriv Secu Acqu (A) of Dispo of (D) (Instr	5. Number of Expiration Date Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ate	7. Titl Amou Secur Unde Deriv Secur 3 and	int of rities rlying ative rity (Instr.	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form: Direct (D)	Ownership Form: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					

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 132,551 shares issuable on 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. Includes 1,135 shares acquired under the SI-BONE, Inc. 2018 Employee Stock Purchase Plan on May 15, 2022.

Remarks:

/s/ Michael A. Pisetsky,

Attorney-in-Fact for Anthony 05/18/2022 J. Recupero

** 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.