FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| Check this box if no longer subject | |
|-------------------------------------|--|
| to Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 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

| 1. Name and Address of Reporting Person* RECUPERO ANTHONY J | | | | | 2. Issuer Name and Ticker or Trading Symbol SI-BONE, Inc. [SIBN] | | | | | | | | | | tionship of Reporti all applicable) Director Officer (give title | | 10% O | | wner |
|---|---|--|--------------|--------------------------------------|--|---|---|-----|---|--|------------------------------|--------|---|---------------|---|--|---|----------------------|--|
| | (Last) (First) (Middle) C/O SI-BONE, INC. 471 EL CAMINO REAL, SUITE 101 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/16/2020 | | | | | | | | | below) Chief Comme | | | below) al Officer | |
| (Street) SANTA CLARA (City) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | | |
| | | Table | I - No | on-Deriva | tive \$ | Secu | rities | Ac | quire | d, Dis | sposed of | , or E | Benefic | ially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/ | | | Year) Execut | | eemed ition Date, h/Day/Year) | | 3. 4. Securities Transaction Code (Instr. 8) | | | | and 5) Secur Bene Owne | | cially d Following | Form (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | | v | Amount (A) | | (A) or (D) Price | | Reported Transaction(s (Instr. 3 and 4 | | | | (Instr. 4) |
| Common Stock 10/16/20 | | | | | 020 | | | | S ⁽¹⁾ | | 587 | D | \$23.5 | 316 | 6 70,492(2) | | | D | |
| | | Tal | ole II | | | | | | | | osed of, convertib | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execu | eemed ution Date, :h/Day/Year) | | ransaction of ode (Instr. Derivative | | | Expiration Date (Month/Day/Year) Secur Under Deriva | | | | int of ities rlying ative ity (Instr. | Der Sec | rice of ivative urity tr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4) | Ownersh Form: Direct (D or Indire (I) (Instr. | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exerc | isable | Expiration Date | Title | or Number of Shares | | | | | | |

- 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 60,435 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,

Attorney-in-Fact for Anthony 10/20/2020

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.