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* FRANCIS LAURA						2. Issuer Name and Ticker or Trading Symbol SI-BONE, Inc. [SIBN]									all app Direc Office	licable) tor er (give title	ng Person(s) to Iss 10% Ow Other (s		vner
(Last) C/O SI-I		3. Date of Earliest Transaction (Month/Day/Year) 05/18/2020								Α	Chief Financial Officer								
(Street) SANTA CLARA (City)	CA		71 5050 Zip)		4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								i. Indivine)	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Table	I - N	on-Deriva	tive :	Secu	rities	Ac	quire	d, Di	sposed of	, or B	enefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Tran Date			2. Transaction	on Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) o			or 5. A and 5) Sec Ber Ow		Amount of curities neficially ned Following		wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 05/18				05/18/20	20	20			S ⁽¹⁾		1,754	D	\$16.7	508		40,149		D	
Common Stock 05/18/20				20	20			S ⁽¹⁾		434	D	\$16.7	508 13		39,715		D		
Common	Stock			05/18/20	20				S ⁽¹⁾		494	D	\$16.7	508	508 139,221 D				
Common Stock 05/19/20					20	20			S ⁽²⁾		1,585 ⁽³⁾	D	\$17.	.07 13		139,221(4)		D	
		Tal	ble II								posed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion Date Date (Month/Day/Year) Price of Derivative Security 3. Transaction Date Execution Date, if any (Month/Day/Year)		4. Transa Code 8)	(Instr.	Securities Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expir (Mon	ration E	(Year)	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Title Shares		Der Sec (Ins	rice of ivative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		

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. The sale reported on this Form 4 was effected pursuant to a 10b5-1 trading plan.
- $3.\ Shares\ purchased\ pursuant\ to\ the\ SI-BONE,\ Inc.\ 2018\ Employee\ Stock\ Purchase\ Plan\ on\ May\ 15,\ 2020.$
- 4. Includes 86,134 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

Remarks:

/s/ Michael A. Pisetsky, 05/19/2020 Attorney-in-Fact for Laura A. Francis

** 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.