FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

WOODLANDS

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

See footnotes(1)(2)

See $footnotes^{(1)(2)} \\$

See footnotes(1)(2)

11. Nature of Indirect Beneficial

Ownership (Instr. 4)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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1. Name and Address of Reporting Person* <u>EW HEALTHCARE PARTNERS FUND</u> <u>2, L.P.</u>				2. Issuer Name and Ticker or Trading Symbol TELA Bio, Inc. [TELA]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title below) Very below 10% Owner Other (specify below)							
(Last) (First) (Middle) 21 WATERWAY AVENUE, SUITE 225					3. Date of Earliest Transaction (Month/Day/Year) 05/09/2022								belo	,	ee footno	De	ilow)			
(Street) THE WOODLANDS TX 77380				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person						
(City) (State) (Zip)																				
			I - Non-Deriva					_	_	ed, C										
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y			- 1	Execution Date,		, 7	3. Transaction Code (Instr. 8)		Disposed O	ities Acquired (A) or d Of (D) (Instr. 3, 4 and		Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
Common	Stock par	value \$0.001 pe	r					(Code	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Amount	(A) or (D)	Price	Transactio (Instr. 3 an	d 4)			See		
share	1 Stock, par	varue \$0.001 pc.	05/09/202	22	:2				P		5,000	A	\$9.38	3,385,709		9 I		footnotes ⁽¹⁾⁽²⁾		
share		value \$0.001 pe	05/10/20.	22				_	P		5,000	A	\$9.27	3,390,	3,390,709			See footnotes(1)(3		
Common share	Stock, par	value \$0.001 pe	o5/11/202	22				P		5,000	A	\$8.82	3,395,709		709 I		See footnotes			
		Та	ble II - Derivat e.g., pı								sposed o				d					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	se (Month/Day/Year) if any Code (Instr. Derivative (Month/Day/Year) 8) Securities		Date	Amo Seci Und Deri	tle and bunt of urities erlying vative urity (Instr d 4)	Derivative Security (Instr. 5) Benet Owne Follow Repo		orities Form Direct Price or In (I)			11. Natu of Indire Benefici Owners (Instr. 4)								
				Code	e V	,	(A)	(D)	Date Exe	e rcisab	Expiration Date	on Title	Amount or Number of Shares	1						
ı		Reporting Person*		2 I.	р															
(Last)		(First) /ENUE, SUITE	(Middle)	<u>=, </u>	_															
(Street) THE WOODI	LANDS	TX	77380																	
(City)		(State)	(Zip)																	
1		Reporting Person [*] ARE PARTN	ERS FUND 2	<u>2-A</u> ,																
(Last)		(First) /ENUE, SUITE	(Middle)																	
(Street) THE	. AND G	TX	77380																	

(City)	(State)	(Zip)						
1. Name and Address of Reporting Person* EW Healthcare Partners Fund 2 GP, L.P.								
(Last) 21 WATERWAY A	(First) (Middle) Y AVENUE, SUITE 225							
(Street) THE WOODLANDS	TX	77380						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person* <u>EW Healthcare Partners Fund 2-UGP, LLC</u>								
(Last) (First) (Middle) 21 WATERWAY AVENUE, SUITE 225								
(Street) THE WOODLANDS	TX	77380						
(City)	(State)	(Zip)						

Explanation of Responses:

1. The Share totals shown above are the aggregate amounts of shares purchased by EW Healthcare Partners Fund 2, L.P. ("Fund 2") and EW Healthcare Partners Fund 2-A, L.P. ("Fund 2-A") on the dates set forth above. Fund 2 purchased 1,500 shares of the amount shown for each date above, and Fund 2-A purchased 3,500 shares of the amount shown above on each such date. Fund 2 now holds a total of 1,371,511 shares and Fund 2-A now holds a total of 2,024,198 shares of the Issuer.

2. EW Healthcare Partners Fund 2 GP, L.P. (the "EW Funds GP"), is the general partner of each of EW Healthcare Partners Fund 2, L.P. ("Fund 2") and EW Healthcare Partners Fund 2-A, L.P. ("EW Fund 2-A" and together with EW Fund 2, the "EW Funds"). EW Healthcare Partners Fund 2- UGP, LLC (the "General Partner") is the general partner of EW Funds GP. The General Partner holds sole voting and dispositive power over the shares held by each of the EW Funds (the "Shares"). The managers of the General Partner are Martin P. Sutter, Ron Eastman, Scott Barry and Petri Vainio (collectively, the "Managers") and may exercise voting and investment control over the Shares only by majority action of the Managers. Each individual Manager, the EW Funds GP and the General Partner disclaims ownership over the Shares except to the extent of his or its respective pecuniary interest therein.

Remarks:

PARTNERS FUND 2, L.P., By: EW Healthcare Partners Fund 2 GP, L.P., its General Partner, By: EW Healthcare 05/11/2022 Partners Fund 2-UGP, LLC, its General Partner, By: Martin P. Sutter, Attorney-in-Fact, /s/ Martin P. Sutter EW HEALTHCARE PARTNERS FUND 2-A, L.P., By: EW Healthcare Partners Fund 2 GP, L.P., its General Partner, By: EW Healthcare 05/11/2022 Partners Fund 2-UGP, LLC, its General Partner, By: Martin P. Sutter, Attorney-in-Fact, /s/ Martin P. Sutter **EW HEALTHCARE** PARTNERS FUND 2 GP, L.P., By: EW Healthcare Partners Fund 2-UGP, LLC, its General Partner, By: Martin P. Sutter, Attorney-in-Fact, /s/ Martin P. Sutter **EW HEALTHCARE** PARTNERS FUND 2-UGP, LLC, By: Martin P. Sutter, 05/11/2022 Attorney-in-Fact, /s/ Martin P. Sutter ** Signature of Reporting Person Date

EW HEALTHCARE

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).