SEC Form 4	
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### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL						
OMB Number: 3235-028						
Estimated average burden						
hours per response:	0.5					

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* <u>EW HEALTHCARE PARTNERS FUND</u> <u>2, L.P.</u>				2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>TELA Bio, Inc.</u> [ TELA ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title below) Director X below)										
(Last) (First) (Middle) 21 WATERWAY AVENUE, SUITE 225					3. Date of Earliest Transaction (Month/Day/Year) 10/11/2021								below) A below) See footnote 2								
(Street) THE 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)	(S		Zip)																		
Table I - Non-Derivat           1. Title of Security (Instr. 3)         2. Transaction Date (Month/Day/Yee)			n	2A. Deemed Execution Date,			3. Transa Code ( 8)	action	4. Securities Disposed Of 5)	Acquir	ed (A) or	r	5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
							-		Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common share	ı Stock, par	value \$0.001 pe	r	10/11/202	21				Р		283	A	\$12.	2.5 1,834,382 I			I		See footnotes <sup>(1)(2)</sup>		
Common share	ı Stock, par	value \$0.001 pe	r	10/13/202	21				Р		200	A	\$12.	.5	1,834,5	582	Ι		See footr	notes <sup>(1)(2)</sup>	
		Ta	ble	II - Derivat (e.q., pt							sposed of s, convert					d					
Derivative Conversion Date E Security or Exercise (Month/Day/Year) if		Exe if a			Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		iratior	kercisable and 1 Date ay/Year)	Ame Sec Und Der Sec	7. Title and Amount of Securities Underlying Derivative Security (In: 3 and 4)		8. Price of Derivative Security (Instr. 5)	deriva Secur Benef Owne Follov Repor	rities Forn ficially Dire ad or In wing (I) (I rted action(s)		ership : t (D) direct str. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	• V	(A)	(D)	) Dat Exe	e ercisab	Expiratio Date	n Title	Amou or Numb of Share	ber							
		f Reporting Person <sup>*</sup> ARE PARTN		<u>S FUND 2</u>	<u>2, L.</u>	<u>P.</u>															
(Last) 21 WAT	ERWAY AV	(First) /ENUE, SUITE	225	(Middle)																	
(Street) THE WOODI	LANDS	TX		77380																	
(City)		(State)		(Zip)																	
		f Reporting Person <sup>*</sup> ARE PARTN		<u>S FUND 2</u>	<u>2-A</u> ,																
(Last) 21 WAT	ERWAY AV	(First) /ENUE, SUITE	225	(Middle)																	
(Street) THE WOODI	LANDS	TX		77380																	
(City)		(State)		(Zip)																	
1. Name a	nd Address o	f Reporting Person*	,																		

EW Healthcare Partners Fund 2 GP, L.P.										
(Last)	(First)	(Middle)								
21 WATERWAY A	AVENUE, SUITE 22	5								
(Street)										
THE	ТХ	77380								
WOODLANDS										
(City)	(State)	(Zip)								
1. Name and Address	of Reporting Person <sup>*</sup>									
EW Healthcare Partners Fund 2-UGP, LLC										
(Last)	(First)	(Middle)								
21 WATERWAY A	AVENUE, SUITE 22	5								
(Street)										
THE	ТХ	77380								
WOODLANDS	17	//300								

#### 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-A purchased all of the shares of the amounts shown above. Fund 2 now holds a total of 761,796 shares and Fund 2-A now holds a total of 1,072,786 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 Bany 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 inters.

#### Remarks:

**EW HEALTHCARE** PARTNERS FUND 2, L.P., By: EW Healthcare Partners Fund 2 GP, L.P., its General Partner, By: EW Healthcare 10/13/2021 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 10/13/2021 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, 10/13/2021 its General Partner, By: Martin P. Sutter, Attorney-in-Fact, /s/ Martin P. Sutter EW HEALTHCARE PARTNERS FUND 2-UGP, <u>10/13/202</u>1 LLC, By: Martin P. Sutter, Attorney-in-Fact, /s/ Martin P. Sutter

\*\* 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.