FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

3235-0104 OMB Number: Estimated average burden

hours per response: 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

		30(h) of th	ne Investment Company Act	of 1940					
1. Name and Address of Reporting Person* <u>EW HEALTHCARE</u> <u>PARTNERS FUND 2, L.P.</u>	2. Date of Event Requiring Statement (Month/Day/Year) 03/31/2020		3. Issuer Name and Ticker TELA Bio, Inc. [T		Symbol				
(Last) (First) (Middle) 21 WATERWAY AVENUE, SUITE			4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner				5. If Amendment, Date of Original Filed (Month/Day/Year) 02/19/2021		
(Street) THE WOODLANDS TX 77380			Officer (give title below) See Remarks			Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (State) (Zip)									
Ta	ble I - Non-D	erivativ	e Securities Benefic	cially O	wned				
1. Title of Security (Instr. 4)			. Amount of Securities leneficially Owned (Instr.)				4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock, \$0.001 per share			1,154,231(1)	D(2	2)(3)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable a Expiration Date (Month/Day/Year)			3. Title and Amount of Sounderlying Derivative Sounderly. (Instr. 4)	curity Convers or Exerc		cise	se Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
		kpiration ate	Title	Amount or Number of Shares	Price of Derivati Securit	ive	Direct (D) or Indirect (I) (Instr. 5)	5)	
1. Name and Address of Reporting Person* EW HEALTHCARE PARTNE 2, L.P.	RS FUND								
(Last) (First) (Mid 21 WATERWAY AVENUE, SUITE 22	ddle) 5								
(Street) THE WOODLANDS TX 773	380								
(City) (State) (Zip)								
1. Name and Address of Reporting Person* <u>EW HEALTHCARE PARTNE</u> 2-A, L.P.	RS FUND								
(Last) (First) (Mid 21 WATERWAY AVENUE, SUITE 22	ddle)								
(Street) THE WOODLANDS TX 773	880								

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

Explanation of Responses:

- 1. This Form 3 is being amended to reflect the date that the reporting persons became subject to Section 16 reporting requirements and to correct the number of shares owned as of such date.
- 2. As of March 31, 2020, EW Healthcare Partners Fund 2, L.P., was the holder of 469,347 shares and EW Healthcare Partners Fund 2-A, L.P., was the holder of 684,884 shares of the Issuer. 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.
- 3. Each individual Manager and the General Partner disclaims beneficial ownership over the Shares except to the extent of his or its respective pecuniary interest therein.

EW HEALTHCARE PARTNERS FUND 2, L.P., By: EW Healthcare Partners Fund 2-GP, L.P., its General Partner, By: EW Healthcare Partners Fund 2-UGP, LLC, its General Partner, By: Martin P. Sutter, Attorney- in-Fact, /s/ Martin P. Sutter	02/16/2024
EW HEALTHCARE PARTNERS FUND 2-A, L.P., By: EW Healthcare Partners Fund 2-GP, L.P., its General Partner, By: EW Healthcare Partners Fund 2-UGP, LLC, its General Partner, By: Martin P. Sutter, Attorney- in-Fact, /s/ Martin P. Sutter	02/16/2024
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	02/16/2024
EW HEALTHCARE PARTNERS FUND 2-	02/16/2024

<u>UGP, LLC, By: Martin P. Sutter, Attorney-in-Fact, /s/ Martin P. Sutter</u>

** 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 5 (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.