FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL |
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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

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>COLLERAN LISA N</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol TELA Bio, Inc. [TELA] | | | | | | | | | | ationship of all applications | 10% Owner | | | | |
|---|--|--|---|---------|--|---|--|------|---|----------|--|-----------------|--------------------------------------|--|-------------------------------------|---|---|-----------------------------------|---|--|
| (Last) C/O TEL | (Fi A BIO, IN | , | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/04/2020 | | | | | | | | | Officer below) | er (give title v) | | Other (s below) | pecify | |
| 1 GREAT VALLEY PARKWAY, SUITE 24 | | | | | | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) | Street) MALVERN PA 19355 | | | | | | | | | | | | | Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | ate) (| (Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Non- | Deriva | tive | Sec | curitie | s Ac | quired, D | isp | osed o | f, or Be | neficia | ally | Owned | l . | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | ay/Year) i | | 2A. Deemed Execution Date, if any (Month/Day/Year | | Code (In: | | | | | 4 and Securitie Benefici Owned F | | es ally Following | Form (D) or | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | / | Amount | nt (A) or (D) | | : | Reported Transact (Instr. 3 a | ported ansaction(s) str. 3 and 4) | | | Instr. 4) | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date if any (Month/Day/Ye | ate, Tr | Code (Ins | | | | 6. Date Exer Expiration D (Month/Day/ | ate | le and 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | f g Security | 8. Price of Derivativ Security (Instr. 5) | | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | Beneficial Ownership (Instr. 4) | |
| | | | | C | ode | v | (A) | (D) | Date Exercisable | | piration te | Title | Amoun or Numbe of Shares | | | | | | | |
| Stock Option (Right to Buy) | \$17 | 06/04/2020 | | | A | | 8,806 | | (1) | 06/ | /04/2030 | Common Stock | 8,806 | | \$0 | 8,806 | | D | | |

Explanation of Responses:

1. The option vests on the earlier of (a) the first anniversary of June 4, 2020, (b) the next annual meeting of stockholders, or (c) the occurrence of a Change in Control (as defined in the Issuer's 2019 Equity Incentive Plan), subject to the Reporting Person's continued service through the applicable vesting date.

/s/ Nora Brennan, as attorneyin-fact for Lisa Colleran

** Signature of Reporting Person

06/08/2020

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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.