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).

EW Healthcare Partners Fund 2 GP, L.P.

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

11. Nature of Indirect Beneficial Ownership (Instr. 4)

See footnotes(1)(2)

Filed nursuant to Section 16(a) of the Securities Eychange Act of 1934

	2(0).			Tilet						Company Act				_				
1. Name and Address of Reporting Person* <u>EW HEALTHCARE PARTNERS FUND</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								
2, <u>L.P.</u>												Officer (give title below)  Officer (give title below)						
(Last) (First) (Middle) 21 WATERWAY AVENUE, SUITE 225				3. Date of Earliest Transaction (Month/Day/Year) 10/06/2021							See footnote 2							
					4.	If Amen	ndment. Dat	te of Or	iginal I	Filed (Month/D	Dav/Yea	r) 6	. Individual o	r Joint/	Group Fili	ina (Ch	eck An	plicable
(Street) THE WOODI	ANDS T	X 7	738	0		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  Form filed by More than One Reporting					
(City)		tate) (2	Zip)									X Person					······g	
(5.5)				Non-Deriva	 ative	Seci	urities A	cauir	ed [	Disnosed (	of or l	Renefic	ially Own	ed.				
1. Title of	Security (Ins			2. Transaction	_	2A. De	emed	3.		4. Securities	Acquire	d (A) or	5. Amount		6. Owne		7. Nati	
Date		Date (Month/Day/Y	ear)	Execution Date, if any (Month/Day/Year)		Trans Code 8)		5)		r. 3, 4 and	d Securities Beneficially Owned Following Reported		Form: Direct (D) or Indirect (I) (Instr. 4)		Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A) or (D)	Price	Transaction (Instr. 3 and	n(s) d 4)			<u> </u>	
Common	Stock, par	value \$0.001 pe	r	10/06/202	21			P		110	A	\$12.5	5 1,834,099 I			See footn	otes(1)(i	
		Tal	ble	II - Derivat (e.g., pu				•	•	sposed of s, converti	•		•	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exe if a	Deemed ecution Date, ny onth/Day/Year)		nsaction le (Instr.	Derivative Securities Acquired (A) or Dispose of (D) (Instr. 3,	ve (Mo	oiratio	kercisable and n Date ay/Year)	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security (Instr. 5) Bene Owne Follor Repo		rities Fori eficially Dire ed or li owing (I) (I saction(s)		11. Nation of Indirect (D) direct (Instr. 4)	
					Cod	le V	(A) (D	Dat	e ercisal	Expiration	n Title	Amount or Number of Shares						
1		f Reporting Person*  ARE PARTN		S FUND 2		$\overline{}$	1 7 1	<u> </u>			1		1					
(Last) 21 WAT	ERWAY AV	(First) /ENUE, SUITE		(Middle)														
(Street) THE WOODI	LANDS	TX		77380														
(City)		(State)		(Zip)														
		f Reporting Person*  ARE PARTN		S FUND 2	<u>2-A</u> ,	,												
(Last)	ERWAY AV	(First) /ENUE, SUITE		(Middle)														
(Street) THE WOODI	LANDS	TX		77380														
(City)		(State)		(Zip)														
1. Name a	nd Address o	f Reporting Person*																

(Last)	(First)	(Middle)					
21 WATERWAY AVENUE, SUITE 225							
(Street) THE WOODLANDS	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					

## **Explanation of Responses:**

1. The Share total shown above is the aggregate amount 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 date set forth above. Fund 2-A purchased all of the shares of the amount shown above. Fund 2 now holds a total of 761,796 shares and Fund 2-A now holds a total of 1,072,303 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 Parmer holds sole voting and dispositive power over the shares held by each of the EW Funds (the "Shares"). The managers of the General Parmer 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 disclaims beneficial 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 10/08/2021 Partner, 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-A, L.P., By: EW Healthcare Partners Fund 2 GP, L.P., its General 10/08/2021 Partner, 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 GP, L.P., By: EW Healthcare Partners Fund 2-UGP, LLC, 10/08/2021 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, 10/08/2021

Attorney-in-Fact, /s/ Martin P.

\*\* Signature of Reporting Person

Date

Sutter

**EW HEALTHCARE** 

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.