FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549	Washington,	D.C.	20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
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 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

1. Name and Address of Reporting Person*  O'Brien Federica F.					2. Issuer Name and Ticker or Trading Symbol TELA Bio, Inc. [ TELA ]									(Ch	Relationship eck all appl X Direct	,	g Pers	son(s) to Iss	
(Last)	`	•	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/01/2023									Office below	(give title		Other (s below)	pecify
C/O TELA BIO, INC.  1 GREAT VALLEY PARKWAY, SUITE 24				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person					
(Street)  MALVE	RN PA	A	19355		Dul	Form filed by More than One Re Person									one Repo	rting			
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution Da		Date.	, Transaction Disposed Code (Instr. 5)			rities Acquired (A) or ed Of (D) (Instr. 3, 4 a			Benefic Owned	es ially Following	Form (D) or	orm: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										v	Amount	t (A) or (D)		Price	Reporte Transac (Instr. 3	tion(s)			
Common Stock 06/01/					/2023		A		3,135(1)		A	\$0	6,270			D			
	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. Deem Execution if any (Month/D	n Date,	4. Transactio Code (Inst		on of		6. Date Exe Expiration (Month/Day	Date		nd 7. Title and Amount of Securities Underlying Derivative Set (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		opiration	Title	OI N Of	umber					
Stock Option (Right to	\$10.34	06/01/2023			A		5,360		(2)	06	5/01/2033	Commo Stock	n 5	5,360	\$0	5,360		D	

## **Explanation of Responses:**

- 1. These restricted stock units vest on the earlier of (a) June 1, 2024, (b) the next annual meeting of stockholders, or (c) the occurrence of a Change in Control (as defined in the Issuer's Amended and Restated 2019 Equity Incentive Plan), in each case subject to the Reporting Person's continued service through the applicable vesting date.
- 2. The option vests on the earlier of (a) June 1, 2024, (b) the next annual meeting of stockholders, or (c) the occurrence of a Change in Control (as defined in the Issuer's Amended and Restated 2019 Equity Incentive Plan), in each case subject to the Reporting Person's continued service through the applicable vesting date.

/s/ Megan Smeykal, Attorney-

in-fact

\*\* 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.