FORM 4

EW Healthcare Partners Fund 2 GP, L.P.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

ANGES 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)

to Sec	this box if no lotion 16. Form ations may conto	4 or Form 5	S1	Filed	d pursi	uant t	o Section 1	6(a) of	f the S	Seci	ENEFIC urities Excha Company Ac	nge Ad	t of 19		RSHIP		OMB Num Estimated hours per	averag	e burder	235-0287 1 0.5
1. Name and Address of Reporting Person* EW HEALTHCARE PARTNERS FUND 2, L.P.				2. Issuer Name and Ticker or Trading Symbol TELA Bio, Inc. [TELA]									5. Relationship of Reporting Person(s) to Ist (Check all applicable) Director 10% Ow Officer (give title X Others (see the leave)				ner			
(Last) 21 WAT		rst) (Middl 225	le)		Date of 20/2		ransac	ction ((Moi	nth/Day/Year)			belov	•	ee footno	D	elow)	
(Street) THE WOOD!			77380	0	4. 1	f Ame	ndment, Da	ate of 0	Origin	nal F	iled (Month/I	Day/Ye	ar)			i filed b	Group Fil by One Re by More th	portino	g Perso	n
(City)	(S		Zip)	Non-Derive	tivo	Soc	urities /	/ can	irod		ienoeed (of o	Bor	ofici	ally Own					
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye				2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acqui Disposed Of (D) (In 5)		uired (A) or		5. Amount of Securities Beneficially Owned Following Reported		6. Owner Form: E (D) or Indirect (Instr. 4	irect (I)	7. Nate Indired Benef Owner (Instr.	ficial ership			
	ı Stock, par	value \$0.001 pe	r	10/20/202	21			Cod	e V		2,090	(A) or (D)	1	2.42	(Instr. 3 and 4)			See		
share		To	blo				rition A)	200	Die									footn	otes ⁽¹⁾⁽²
			bie	ll - Derivati (e.g., pu							, convert					u				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exe if ar	Deemed scution Date, ny nnth/Day/Year)		sactio e (Inst		ive ies ed ed	xpira	tion	ercisable and Date y/Year)	Am Sec Un De Sec	itle ar count ocurities derlyin ivative curity (and 4)	of s ng e	8. Price of Derivative Security (Instr. 5)	deriv Secu Bene Owne Follo Repo	rities ficially ed wing rted saction(s)	Form Direct or Inc		11. Natu of Indire Benefici Owners (Instr. 4)
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1		f Reporting Person ARE PARTN		S FUND 2	<u>2, L.</u>	<u>P.</u>														
(Last) 21 WAT	ERWAY A	(First) VENUE, SUITE		(Middle)																
(Street) THE WOOD	LANDS	TX		77380																
(City)		(State)		(Zip)																
1		f Reporting Person ARE PARTN		S FUND 2	<u>2-A</u> ,															
(Last) 21 WAT	ERWAY A	(First) VENUE, SUITE		(Middle)																
(Street) THE WOOD	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	TX	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	TX	77380						
WOODLANDS		77300						

Explanation of Responses

Remarks:

EW HEALTHCARE PARTNERS FUND 2, L.P., By: EW Healthcare Partners Fund 2 GP, L.P., its General Partner, By: EW Healthcare 10/22/2021 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 10/22/2021 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, 10/22/2021 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, 10/22/2021 Attorney-in-Fact, /s/ Martin P. ** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{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 purchased 1,736 shares of the amount shown above and Fund 2-A purchased 354 shares of the amount shown above. Fund 2 now holds a total of 763,532 shares and Fund 2-A now holds a total of 1,073,140 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 Funds GP. The General Partner of EW Funds GP. The Gene

 $^{^{\}star}$ 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).