SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

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

to Sec obliga	this box if no lo tion 16. Form 4 tions may conti ction 1(b).	or Form 5	S		-	_	_			ENEFIC		-	ERSHIP		OMB Num Estimated hours per i	average	e burde	235-0287 n 0.5
		Reporting Person	k		or S	ection	30(h) of tl	nè Ínves	stment	Company Ac			5. Relationsh	ip of Re	porting P	erson(s	s) to Iss	suer
1. Name and Address of Reporting Person [*] <u>EW HEALTHCARE PARTNERS FUND</u> <u>2, L.P.</u>					2. Issuer Name and Ticker or Trading Symbol <u>TELA Bio, Inc.</u> [TELA]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title X Other (specify below) See footnote 2					
(Last) (First) (Middle) 21 WATERWAY AVENUE, SUITE 225					3. Date of Earliest Transaction (Month/Day/Year) 02/10/2022													
(Street) THE WOOD	LANDS TY	ς 7	738	0	4. If	Ameno	dment, Da	te of O	riginal	Filed (Month/I	Day/Yea	ar)		n filed b n filed b	Group Fili by One Re by More th	porting	Perso	on
(City)	(St		Zip)															
1. Title of	Security (Ins		e I - I	Non-Deriva	1 2	2A. Dee	med	Cquii	red, I	4. Securities	Acquire	ed (A) or	5. Amount	of	6. Owne	ership	7. Nat	ure of
Date			Date (Month/Day/Y	ear) i	Execution Date,		Code 8)	Transaction Code (Instr. 8)		f (D) (Instr. 3, 4 an		d Securities Beneficially Owned Following Reported Transaction(s)		Form: Direct (D) or Indirect (I) (Instr. 4)		Indirect Beneficial Ownership (Instr. 4)		
Commor share	ı Stock, par	value \$0.001 pe	r	02/10/202	2			Code P	V	Amount 520	(A) or (D)	Price \$11.7	(Instr. 3 ar	3 and 4)			10tes ⁽¹⁾⁽²⁾	
	ı Stock, par	value \$0.001 pe	r	02/11/202	2			Р	╞	7,082	A	\$11.7	4 2,520,	322	I	_	See	notes ⁽¹⁾⁽²⁾
		Та	ble	II - Derivat						sposed of s, converti				d	1			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Exe if a	3A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr. 12 8) 4 (12 12 12 12 12 12 12 12 12 12 12 12 12		Ex	Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		Derivative Security (Instr. 5) Bene Own Follo Repo		urities For eficially Dir ned or l owing (I) (orted usaction(s)		ership : t (D) lirect str. 4)	11. Nature of Indirect Beneficial Ownershij (Instr. 4)
					Code	v	(A) (I	Da D) Ex	te ercisal	Expiratio Date	n Title	Amour or Numbe of Shares	er					
		Reporting Person [®]		S FUND 2	<u>, L.I</u>	<u>P.</u>												
(Last) 21 WAT	ERWAY AV	(First) /ENUE, SUITE	225	(Middle)														
(Street) THE WOOD	LANDS	тх		77380		_												
(City)		(State)		(Zip)		-												
		Reporting Person [*]		S FUND 2	<u>2-A</u> ,													
(Last)		(First) /ENUE, SUITE	225	(Middle)		-												
(Street)		ENCE, SUITE				-												
THE WOOD	LANDS	ТХ		77380		_												
(Citv)		(State)		(Zip)														

1. Name and Address of Reporting Person*

EW Healthcare Partners Fund 2 GP, L.P.								
(Last)	(First)	(Middle)						
21 WATERWAY AVENUE, SUITE 225								
(Street)								
THE WOODLANDS	ТХ	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	ТХ	77380						
(City)	(State) (Zip)							

Explanation of Responses:

1. The Share totals shown above are the aggregate amounts 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 dates set forth above. Fund 2 purchased 0 shares and 2,987 shares of the amounts shown above for February 10, 2022 and February 11, 2022, respectively, and Fund 2-A purchased 520 shares and 4,095 shares of the amounts shown above on each such date. Fund 2 now holds a total of 1,032,205 shares and Fund 2-A now holds a total of 1,488,117 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 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. Each individual Manager, the EW Funds GP and the General Partner disclaims ownership over the Shares except to the extent of his or its respective pecuniary interest therein.

Remarks:

EW HEALTHCARE PARTNERS FUND 2, L.P., **By: EW Healthcare Partners** Fund 2 GP, L.P., its General Partner, By: EW Healthcare 02/14/2022 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 02/14/2022 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, 02/14/2022 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, 02/14/2022 Attorney-in-Fact, /s/ Martin P. Sutter ** 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.