

☒ 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>Quaker BioVentures II LP</u> (Last) (First) (Middle) <u>150 MONUMENT ROAD,</u> <u>SUITE 207</u> (Street) <u>BALA CYNWYD PA 19004</u> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>TELA Bio, Inc. [TELA]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) <u>06/02/2022</u>	
	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 <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	06/02/2022		J ⁽¹⁾		1,751,100	D	\$0	0 ⁽²⁾	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. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
						Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person* <u>Quaker BioVentures II LP</u> (Last) (First) (Middle) <u>150 MONUMENT ROAD,</u> <u>SUITE 207</u> (Street) <u>BALA CYNWYD PA 19004</u> (City) (State) (Zip)
1. Name and Address of Reporting Person* <u>Quaker BioVentures Capital II, L.P.</u> (Last) (First) (Middle) <u>150 MONUMENT ROAD,</u> <u>SUITE 207</u> (Street) <u>BALA CYNWYD PA 19004</u> (City) (State) (Zip)

Explanation of Responses:

1. Quaker BioVentures II, L.P. distributed these shares on a pro rata basis, for no consideration.
2. Quaker BioVentures Capital II, L.P., the general partner of Quaker BioVentures II, L.P., received its pro rata shares in the distribution and in turn distributed all such shares to its own partners.

Quaker BioVentures II, L.P. 06/23/2022
By: Quaker BioVentures
Capital II, L.P., its general

partner By Quaker
BioVentures Capital II, LLC,
its general partner By: /s/
Adele C. Oliva, Executive
Manager
Quaker BioVentures Capital
II, L.P., its general partner By:
Quaker BioVentures Capital
II, LLC, its general partner
By: /s/ Adele C. Oliva,
Executive Manager 06/23/2022

** 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.