FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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STATEMENT	OF CHANGES IN	N BENEFICIAL	OWNERSHIP

OMB APP	ROVAL						
OMB Number:	3235-0287						
Estimated average burden							

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					or	Section	30(h) c	f thè	Ínvest	ment	Con	npany Act	of 1940								
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 TELA Bio, Inc. [TELA]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title X Other (specify							
(Last) (First) (Middle) 21 WATERWAY AVENUE, SUITE 225					3. Date of Earliest Transaction (Month/Day/Year) 05/12/2022									See footnote 2							
(Street) THE WOODLANDS TX 77380				4.	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 X Form filed by More than One Reporting Person							
(City)	(St		Zip)																		
Table I - Non-Derivat 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye		,	2A. Dee Executi	emed	<u>, </u>	3. Transaction Code (Instr. 8) 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar 5)				d (A) or	5. Amount of Securities Beneficially Owned Foll	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership							
								Ī	Code	v	An	nount	(A) or (D)	Price	Reported Transaction (Instr. 3 and		(Ins		(Instr.	4)	
Common Stock, par value \$0.001 per share		05/12/202	22				P		!	5,000	A	\$8.21	1 3,400,709		I		See footnotes ⁽¹⁾⁽²⁾				
Common Stock, par value \$0.001 per share 05/13/202			22	2			P		!	5,000		\$8.48	3,405,709		I		See footnotes ⁽¹⁾⁽²⁾				
Common Stock, par value \$0.001 per share 05/16/202			2			P		!	5,000 A \$8.6		\$8.61	3,410,709		I		See footnotes ⁽¹⁾⁽²⁾					
		Та	ble	II - Derivati (e.g., pu				-		-	-				-	d					
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date, irity or Exercise (Month/Day/Year) if any		cution Date, ny		Transaction of Code (Instr. Derivat		rative rities iired r osed) r. 3, 4	Expiration (Month/Da			xercisable and n Date ay/Year)		e and unt of rities rlying ative rity (Instr.	Derivative Security (Instr. 5) Repo		ities icially d ving ted action(s)	10. Owner Form Direct or Ind (I) (Ins	t (D) lirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Cod	le V	(A)	(D)	Date Exe	e rcisab		Expiration Date	Title	Amount or Number of Shares							
1. Name and Address of Reporting Person* EW HEALTHCARE PARTNERS FUND 2, L.P.						. <u>P.</u>															
(Last)		(First)		(Middle)																	

21 WATERWAY AVENUE, SUITE 225 (Street) THE TX77380 **WOODLANDS** (City) (State) (Zip) 1. Name and Address of Reporting Person* EW HEALTHCARE PARTNERS FUND 2-A, L.P. (Last) (First) (Middle) 21 WATERWAY AVENUE, SUITE 225 (Street) THE 77380 TX WOODLANDS

(City)	(State)	(Zip)						
1. Name and Address of Reporting Person* <u>EW Healthcare Partners Fund 2 GP, L.P.</u>								
(Last) 21 WATERWAY A	(First) AVENUE, SUITE 22	(Middle)						
(Street) THE WOODLANDS	TX	77380						
(City)	(State)	(Zip)						
1. Name and Address EW Healthcare	of Reporting Person* Partners Fund 2	-UGP, LLC						
(Last) 21 WATERWAY A	(First) WENUE, SUITE 22	(Middle)						
(Street) THE WOODLANDS	TX	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 1,500 shares of the amount shown for each date above, and Fund 2-A purchased 3,500 shares of the amount shown above on each such date. Fund 2 now holds a total of 1,376,011 shares and Fund 2-A now holds a total of 2,034,698 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:

PARTNERS FUND 2, L.P., By: EW Healthcare Partners Fund 2 GP, L.P., its General Partner, By: EW Healthcare 05/16/2022 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 05/16/2022 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, 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, 05/16/2022 Attorney-in-Fact, /s/ Martin P. Sutter ** Signature of Reporting Person Date

EW HEALTHCARE

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.

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