FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Kotzin Brian L.					<u>B</u> 1	2. Issuer Name and Ticker or Trading Symbol BIORA THERAPEUTICS, INC. [BIOR] 3. Date of Earliest Transaction (Month/Day/Year)								ck all applic	able)	g Pers	on(s) to Iss 10% Ov Other (s	wner	
(Last)	(F	irst)	(Middle)			06/05/2024								below)			below)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
C/O BIORA THERAPEUTICS, INC.					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
4330 LA JOLLA VILLAGE DRIVE, SUITE 300													Line) Form filed by One Reporting Person						
(Street)	EGO C	Δ	92122												Form fi Person		e than	One Repor	ting
SAN DIEGO CA 92122				. Ri	Rule 10b5-1(c) Transaction Indication														
(City) (State) (Zip)					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.														
		Tab	le I - Non	-Deriv	/ativ	e Se	curities	s Ac	quired,	Dis	posed o	f, or Be	nef	icially	Owned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Date		Date,	Transaction Dispose Code (Instr. 5)		Disposed	ities Acquired (A) or d Of (D) (Instr. 3, 4 and				es ally following	Form ly (D) o		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	Amount (A) (C)		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 06/05/					5/2024		A		12,500 ⁽¹⁾ A			\$ <mark>0</mark>	30,	,746		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)	ate Execution [Date,	4. Transa Code (l 8)		of		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 derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
													or	nount mber					
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	of	ares					
Stock Option (Right to Buy)	\$0.7	06/05/2024			A		12,500		(2)	C	06/05/2034	Common Stock	12	2,500	\$0	12,500)	D	

Explanation of Responses:

1. Represents 12,500 restricted stock units, which vest in full on the earlier of (1) the first anniversary of the grant date or (2) the date of the Issuer's 2025 annual meeting of stockholders, subject to the Reporting Person's continued service to the Issuer.

2. This option represents the right to purchase 12,500 shares of the Issuer's common stock, and vests in full on the earlier of (1) the first anniversary of the grant date or (2) the date of the Issuer's 2025 annual meeting of stockholders, subject to the Reporting Person's continued service to the Issuer.

/s/ Clarke Neumann, Attorneyin-Fact for Brian L. Kotzin

06/06/2024

** 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.