FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
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Estimated average burden								
hours per response.	0.5							

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* Alter Jeffrey D.					BI 3. [Issuer Name and Ticker or Trading Symbol BIORA THERAPEUTICS, INC. [BIOR] Just of Earliest Transaction (Month/Day/Year)									ck all applic Directo Officer	. ,		10% Ow Other (s	ner
(Last)	(F	irst)	(Middle)		06	06/05/2024									below)	w) ``		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)	ne) Form filed by One Reporting Person					
(Street)														-	Form fi Person		e than	One Repor	ting
SAN DII	EGO C.	A	92122		-														
(City) (State) (Zip)				- 150	Rule 10b5-1(c) Transaction Indication														
					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.													to	
		Tab	le I - Non	ı-Deriv	vativ	e Se	curities	s Ac	quired,	Dis	posed o	f, or Be	nefi	cially	Owned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Dispo		ties Acquir d Of (D) (Ins	ed (A) str. 3,	l and Securitie Benefici		es ally following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) (D)	or P	rice	Transact (Instr. 3	tion(s)			msu. 4)
Common Stock 06/05/				5/202	5/2024		Α		12,500) ⁽¹⁾ A	A \$0		31,546			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 D if any (Month/Day	Date,	Code (Inst				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)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
													or	ount					
					Code	v	(A)	(D)	Date Exercisal		expiration Date	Title	Nun of Sha						
Stock Option (Right to Buy)	\$0.7	06/05/2024			A		12,500		(2)	0	06/05/2034	Common Stock	12,	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 Jeffrey D. Alter

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.