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								

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

Powell (Last)	me and Address of Reporting Person* well Lynne t) (First) (Middle) BIORA THERAPEUTICS, INC.						2. Issuer Name and Ticker or Trading Symbol BIORA THERAPEUTICS, INC. [BIOR] 3. Date of Earliest Transaction (Month/Day/Year) 06/05/2024 4. If Amendment, Date of Original Filed (Month/Day/Year)								Director Officer below)	10% (give title Other		10% Ow Other (s below)	ner pecify
4330 LA JOLLA VILLAGE DRIVE, SUITE 300 (Street) SAN DIEGO CA 92122			-	,,								Line	Form f	Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)					Rı	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.													
		Tab	le I - Non	ı-Deriv	/ativ	e Se	curities	s Ac	quired,	Dis	osed o	f, or Be	ene	ficiall	y Owned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						ear)	Execution if any	2A. Deemed Execution Date, f any Month/Day/Year)		3. 4. Securi Transaction Disposed Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 ar			5. Amou Securitie Benefici Owned F	es ally Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	Amount (A) o		Price	Transaci (Instr. 3	tion(s)			Instr. 4)
Common Stock 06/05/					5/202	5/2024		A		12,500 ⁽¹⁾ A		\$ 0	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)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		expiration Date	Title	OI No	umber					
Stock Option (Right to Buy)	\$0.7	06/05/2024			A		12,500		(2)	0	6/05/2034	Commor Stock	1	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 Lynne Powell

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.