SEC	Form	4
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

					01 000	50011 50(11)		Investment	sompany no		3						
1. Name and Address of Reporting Person [*] Claypoole Robert E					2. Issuer Name and Ticker or Trading Symbol Bioventus Inc. [BVS]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Ciaypo</u>	ole Robel						<u> </u>	~]			2	Director	r	10%	Owner		
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)					y	Officer below)	(give title	Othe belo	r (specify v)			
					01/11/2024							President and CEO					
4721 EMPEROR BLVD, SUITE 100																	
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)						
DURHA	M N	С	27703								2	K Form fil	led by One R	Reporting Per	son		
												Form fil Person		than One Re	oorting		
(City)	(S	tate)	(Zip)	ľ	Rule 10b5-1(c) Transaction Indication												
							. ,										
								cate that a tran				ct, instruction	or written plan	n that is intend	ed to satisfy		
										<i>.</i>							
		Та	ble I - Non	-Deriva	tive S	ecuritie	s Ac	quired, D	isposed	of, or Be	neficially	Owned					
1. Title of	Security (Inst	tr. 3)		2. Transac	tion	2A. Deem		3.	4. Secur	ities Acquir	ed (A) or	5. Amoun		. Ownership	7. Nature of		
Date (Month/E						Execution Date Day/Year) if any		Code (Instr.		tr. 3, 4 and 5	Beneficia	lly (D) o	orm: Direct D) or Indirect	Indirect Beneficial			
						(Month/Day/Year) 8)					Owned For Reported		l) (Instr. 4)	Ownership (Instr. 4)			
							Code V	Amount	(A) or (D) Price		Transacti	Transaction(s) (Instr. 3 and 4)					
			Table II - D)erivati	ve Se	curities	Aca	uired. Dis	posed of	. or Ben	eficially	Owned					
								s, options				onnou					
1. Title of 2. 3. Transaction 3A. Deemed				4.	5. Number of 6. Date Exercisable and		7. Title an	d Amount	8. Price of	9. Number o	of 10.	11. Nature					
Derivative Conversion Date Execution Date Security or Exercise (Month/Day/Year) if any			saction e (Instr.				xpiration Date of Securities Month/Day/Year) Underlying		es	Derivative Security	derivative Securities	Owners Form:	hip of Indirec Beneficia				
(Instr. 3)	Price of	(Month/Day/real)	(Month/Day/Ye		Acquired (A) Derivative Sec					Security	(Instr. 5)	Beneficially	/ Direct (D) Ownershi			
	Derivative Security					or Dispo of (D) (In		(Instr. 3 and 4)		id 4)		Owned Following	or Indin (I) (Insti				
						3, 4 and	5)			<u> </u>			Reported Transaction	n(s)			
											Amount or		(Instr. 4)				
								Date	Expiration	Tida	Number						
				Cod	• V	(A)	(D)	Exercisable	Date	Title	of Shares			_	_		
Restricted Stock Units	(1)	01/11/2024		A		375,000		(2)	(2)	Class A Common Stock	375,000	\$0	375,000	D			
Stock						1			1	Class A			1				
Option (Right to Buy)	\$4.89	01/11/2024		A		850,000		(2)	01/11/2034	Common Stock	850,000	\$0	850,000	D			

Explanation of Responses:

1. Each restricted stock unit represents a contingent right to receive one share of Class A common stock.

2. The restricted stock units and options, as applicable, shall vest in four equal installments on each of the first four anniversaries of January 10, 2024, in each case subject to the Reporting Person continuing in service through the applicable vesting date



01/12/2024

** 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.