

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL	
OMB Number:	3235-0104
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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* <u>Spindletop Healthcare Capital, L.P.</u> (Last) (First) (Middle) 3571 FAR WEST BLVD., PMB #108 (Street) AUSTIN TX 78731 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 02/11/2021	3. Issuer Name and Ticker or Trading Symbol <u>Bioventus Inc. [BVS]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Class A Common Stock	3,906,395	I	See footnote ⁽¹⁾

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person*
Spindletop Healthcare Capital, L.P.
 (Last) (First) (Middle)
 3571 FAR WEST BLVD., PMB #108
 (Street)
 AUSTIN TX 78731
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Spindletop Capital GP, L.P.
 (Last) (First) (Middle)
 3571 FAR WEST BLVD., PMB #108
 (Street)
 AUSTIN TX 78731
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Spindletop GP Management, LLC

(Last)	(First)	(Middle)
3571 FAR WEST BLVD., PMB #108		
<hr/>		
(Street)		
AUSTIN	TX	78731
<hr/>		
(City)	(State)	(Zip)

1. Name and Address of Reporting Person *

Melrose Evan S

(Last)	(First)	(Middle)
3571 FAR WEST BLVD., PMB #108		
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(Street)		
AUSTIN	TX	78731
<hr/>		
(City)	(State)	(Zip)

Explanation of Responses:

1. The Class A Common Stock reported herein are held of record by Spindletop Healthcare Capital L.P. ("Spindletop"). Spindletop GP Management, LLC ("Spindletop GP") is the general partner of Spindletop Capital GP, L.P., which is the general partner of Spindletop. Mr. Melrose is the manager of Spindletop GP and may be deemed to beneficially own the shares of Class A Common Stock held of record by Spindletop. Mr. Melrose disclaims ownership of such securities except to the extent of his pecuniary interest therein.

Remarks:

Spindletop Healthcare Capital L.P., By: Spindletop Capital GP, L.P., its general partner, By: Spindletop GP Management, LLC, its general partner, By: /s/ Evan Melrose, Manager 02/11/2021

Spindletop Capital GP, L.P., By: Spindletop GP Management, LLC, its general partner, By: /s/ Evan Melrose, Manager 02/11/2021

Spindletop GP Management, LLC, By: /s/ Evan Melrose, Manager 02/11/2021

Evan Melrose, /s/ Evan Melrose 02/11/2021

** 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 5 (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.