FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
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hours per response	: 0.5								

	Check this box if no longer subject
$\neg$	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 or Section 30(b) of the Investment Company Act of 1940

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Name and Address of Reporting Person*     Mika Yuval				2. Issuer Name <b>and</b> Ticker or Trading Symbol Orchestra BioMed Holdings, Inc. [OBIO]									heck all app Direc	onship of Reporting all applicable) Director		10% Ov	wner		
(Last)	`	rst) (N	Middle)	S, INC.	3. Date of Earliest Transaction (Month/Day/Year) 07/20/2023									X below	cer (give title ow) See Rema		Other (specify below)		
150 UNION SQUARE DRIVE				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicab Line)						
(Street) NEW HO	OPE PA	. 1	8938												Form	Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(St	ate) (Z	Zip)		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 intende satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.								ended to						
		Table	I - No	n-Deriva	tive S	ecur	ities	Acq	uired, I	Disp	osed of	, or	Bene	efici	ally Owr	ned			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day)				Execution Dat			Oate,	3. Transaction Code (Instr. 8)		4. Securities Acquired (Disposed Of (D) (Instr. 5)		3, 4 and Secu Bend Own Follo		urities eficially ed owing		m: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) or (D)		Price		rted saction(s) : 3 and 4)				
Common Stock, par value \$0.0001 per share ("Common Stock") 07/20/20				2023			A		40,000 <sup>(1)</sup> A		A	\$(	) 8:	89,572		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)	erivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any				4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable Expiration Date (Month/Day/Year)		te	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		i 4)	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4)	у	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Shai	ber					

## **Explanation of Responses:**

1. Represents an award of restricted stock units ("RSUs"). Each RSU represents a contingent right to receive one share of Common Stock. The RSUs vest over a three-year period as follows: (i) 34% of the shares will vest on the 18-month anniversary of the grant date, (ii) 33% the shares will vest on the two-year anniversary of the grant date, and (iii) 33% the shares will vest on the three-year anniversary of the grant date, subject to the Reporting Person's continuous service through such dates.

## Domarke

General Manager and Chief Technology Officer, Bioelectronic Therapies

/s/ Matthew R. Schob, Attorney-in-Fact 07/24/2023

\*\* Signature of Reporting Person Date

 $Reminder: \ Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$ 

- $^{\star}$  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.