FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 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).

	tion 1(b).	iuc. occ		Filed	pursua or Se	ant to S ection 3	ection 0(h) o	16(a) f the I	of the S nvestme	Securitent Co	ties Exchang mpany Act o	e Act o f 1940	f 1934			nours	per re	esponse:	0.5
1. Name and Address of Reporting Person* Sullivan Eddie Joe						2. Issuer Name and Ticker or Trading Symbol SAB Biotherapeutics, Inc. [SABS]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner X Officer (give title Other (specify below) CHIEF EXECUTIVE OFFICER					
(Last) (First) (Middle) 2100 E 54TH STREET NORTH						3. Date of Earliest Transaction (Month/Day/Year) 09/07/2022													
(Street) SIOUX FALLS SD 57104 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)									i. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)						Execution Date			Transaction Disposed C Code (Instr. 5)			s Acquired (A) of (D) (Instr. 3, 4		nd Securit Benefit Owned		ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) o (D)	r Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 09/07/20)22			P		14,000	A	\$0.7	0.7368		230,564		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)	if any	emed tion Date, n/Day/Year)	4. Transaction Code (Instr. 8)		5. Numof Deriv. Securi Acqui (A) or Dispo of (D) (Instr. and 5	ative rities ired osed	Expiration D		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		_			Ownersh Form: Direct (D or Indire (I) (Instr.	Ownership	Beneficial Ownership (Instr. 4)
						l			Date		Expiration		Number of						

Explanation of Responses:

Remarks:

/s/ Eddie Joe Sullivan

09/08/2022

** Signature of Reporting Person Date

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

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.

 $^{^{\}star}$ 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).