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										
II .										

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

Name and Address of Reporting Person* Carillo Carlos N						2. Issuer Name and Ticker or Trading Symbol SAB Biotherapeutics, Inc. [SABS]							(Ch	eck all applic Directo	cable) or	10% Owner		ner
(Last) (First) (Middle) 2100 E 54TH STREET NORTH						3. Date of Earliest Transaction (Month/Day/Year) 10/22/2021								X Officer (give title Other (sp below) SVP Regulatory Affairs				Jechy
(Street) SIOUX FALLS SD 57104 (City) (State) (Zip)					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Individual or Joint/Group Filing (Check Applicable ne) 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. Transac Date (Month/Date)					Execution Date		Date,	Code (Instr.				ed (A) or tr. 3, 4 and	5. Amour Securitie Beneficia Owned F	es ally following	6. Own Form: I (D) or I (I) (Inst	Direct C Indirect E tr. 4) C	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code V	A	mount	(A) or (D)	Price	Transact (Instr. 3 a	ion(s)			
	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 D if any (Month/Day	Date,	4. Transactio Code (Inst 8)				6. Date Exercisal Expiration Date (Month/Day/Year		of Securities		es g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	i C i F ily C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisable	Expi Date	iration	Title	Amount or Number of Shares					
Employee Stock Option (right to buy)	\$1.88	10/22/2021			A		17,681		(1)(2)	05/2	27/2031	Common Stock	17,681	(1)(2)	17,681	1	D	

Explanation of Responses:

1. Pursuant to the Agreement and Plan of Merger, dated June 21, 2021 and as amended August 12, 2021 (the "Business Combination Agreement"), by and among Big Cypress Acquisition Corp. ("BCYP"), Big Cypress Merger Sub Inc., and SAB Biotherapeutics, Inc. ("Old SAB Biotherapeutics"), each security to purchase shares of Old SAB Biotherapeutics common stock issued and outstanding immediately prior to the effective time of the transactions contemplated by the Business Combination Agreement was automatically converted into a security to purchase a number of shares of the Issuer's common stock based on a conversion rate of \$10.10. Upon consummation of the business combination, BCYP changed its name to "SAB Biotherapeutics, Inc." ("New SAB Biotherapeutics").

2. The option shall vest and become exercisable over a period of 36 months from the Vesting Start Date, May 24, 2021, with 1/3 vesting on the first anniversary of the Vesting Start Date and the remaining balance to vest on a monthy basis for a period of 24 months thereafter, such that the option will be fully vested 36 months from the Vesting Start Date, subject to the reporting person's continuous service with the Issuer on each such date.

/s/ Carlos N Carillo

10/26/2021

** 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 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.