SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

OMB APPROVAL

3235-OMB Number: 0104

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response: 0.5

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 A <u>King Mic</u>		orting Person [*]	Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 10/30/2023 3. Issuer Name and Ticker or Trading Symbol SAB Biotherapeutics, Inc. [SABS]							
(Last) 2100 E 54T (Street) SIOUX FALLS (City)	(First) H STREET	(Middle) NORTH 57104 (Zip)			4. Relationship of Reporting Issuer (Check all applicable) Director X Officer (give title below) CHIEF FINANCIA	10% C Other below)	wner 6. (specify (C	Individual or Jo Check Applicable X Form filed Person	int/Group Filing 2 Line) by One Reporting by More than One		
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)				i	2. Amount of Securities Beneficially Owned (Instr. 4)			Nature of Indirect Beneficial wnership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise	Form:	6. Nature of Indirect Beneficial Ownership (Instr.		
			Date Exercisable	Expiration Date	Title	Amount Derivativ or Security Number of Shares		Direct (D) or Indirect (I) (Instr. 5)	5)		

Explanation of Responses:

Remarks:

No securities are beneficially owned.

No securities are beneficially owned.

/s/	Mic	hael	G.	King	. Jr.

Person

** Signature of Reporting

11/03/2023

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.