## FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

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		Wa	ashir	ngto	n,	D	C.	2054

Washington,	D.C.	20549
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ANNUAL STATEMENT OF CHANGES IN BENEFICIAL									
OWNEDSHID									

OMB A	OMB APPROVAL											
OMB Number:	3235-0362											
Estimated avera	Estimated average burden											
hours per respo	nse 10											

Form 3		OWNERSHIP									- 11	nours per response:			1.0			
_	Transactions		Fil	ed pursuant to S or Section 3														
1. Name and Address of Reporting Person*  HAMILTON CHRISTINE E					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						
(Last) 2100 E 54	(Last) (First) (Middle)  3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2022							Year)	Officer (give title Other (specify below) below)									
,	FALLS SI	4. If Amenda	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					1			
(City)	(Si	ate)	(Zip)															
			le I - Non-Deri		_	Acq	uir											
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any	Tra	3. Transaction Code (Instr.		4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)				Disposed	Securities Beneficially		6. Ownership Form: Direct		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				(Month/Day/Year)		8)		Amount (1		(A) or (D)	Price		Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		(D) or Indirec (Instr. 4			t (I)
Common Stock		06/07/2022			G		2,000	2,000,000			(1)	3,083,	3,270			By spouse.		
Common Stock												25,000		I		Christiansen Investments, LLC <sup>(2)</sup>		
Common Stock								4,993,090(3)		D								
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Yea	3A. Deemed Execution Date, if any (Month/Day/Yea	4. Transaction Code (Instr. r) 8)	ransaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				or Numb te Expiration of			unt of rities rrlying active rity (Instr. I 4)  Amount or Number	Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		ship (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

- 1. Represents a bona fide gift of common stock for no consideration.
- 2. Ms. Hamilton is a control person with voting and dispositive power over shares of Christiansen Investments and is deemed to have beneficial ownership of the shares held by Christiansen Investments. Ms. Hamilton disclaims beneficial ownership of such securities except to the extent of her pecuniary interest therein, directly or indirectly.
- 3. Does not include: (i) 25,000 shares of common stock held by Christiansen Investments, LLC, (ii) 2,909,022 shares of common stock held by the reporting persons spouse, Dr. Edward Hamilton, and (iii) 174,248 shares of common stock which the reporting person co-owns with Dr. Hamilton, all of which the reporting person may be deemed to beneficially own. The reporting person disclaims any beneficial ownership of these shares of common stock other than to the extent of any pecuniary interests the reporting person may have therein.

/s/ Christine Hamilton

02/10/2023

\*\* 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.