FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549

STATEMENT	OF	CHANGES	IN BE	NEFICIAL	OWNERS	SHIP

OMB APP	ROVAL									
OMB Number:	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).

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 Address of Reporting Person* <u>Erickson Bruce Kipp</u>				2. Issuer Name and Ticker or Trading Symbol SAB Biotherapeutics, Inc. [ SABS ]					(Che	elationship o eck all applica Director	able)	10	o Issue % Ow her (sp	ner			
(Last) 2100 E 5	`	First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 10/22/2021						below)	(give title nief Opera	be	low)	Jecily		
(Street)	FALLS S	D	57104		4. If An	nendment,	Date o	of Original F	iled	(Month/Da	y/Year)	Line	X Form fil	ed by One I	Reporting F	erson	
(City)	(\$		(Zip)														
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
Date					action 2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.			5. Amoun Securities Beneficia Owned For Reported	s Illy ollowing	6. Ownersh Form: Direc (D) or Indire (I) (Instr. 4)	t li ct E	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	v	Amount	(A) o (D)	r Price	Transacti	nsaction(s) etr. 3 and 4)		"	115(1.4)	
	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			/e es d (A) esed estr.	6. Date Exercisable and Expiration Date (Month/Day/Year)  (Month/Day/Year)  7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)				ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	Own Form Direct or In (I) (In	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Co	de V	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amount or Number of Shares		(Instr. 4)	n(s)		
Employee Stock Option (right to buy)	\$1.88	10/22/2021		A		232,642		(1)(2)	0	5/27/2031	Common Stock	232,642	(1)(2)	232,642	2	)	

## **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" or "Issuer").
- 2. The option shall vest and become exercisable over a period of 36 months from the Vesting Start Date, March 1, 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/ Bruce Kipp Erickson

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.