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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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	101712								
OMB Number:	3235-0287								
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					01 360	ction 30(h) of	i ule i	nvesinei		Inpany Act C	51 1940							
1. Name and Address of Reporting Person [®]					2. Issuer Name and Ticker or Trading Symbol <u>SAB Biotherapeutics, Inc.</u> [SABS]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Reich Samuel J							-		L	1			X	Director			10% O	wner
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)						- x	Officer (below)	give title		Other (below)	specify		
2100 E 54TH STREET NORTH				02/21/2024						CEO & EXECUTIVE CHAIRMAN								
(Street)				4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	6. Individual or Joint/Group Filing (Check Applicable Line)						
SIOUX	FALLS S	SD	57104										X	Form file	ed by One	e Repor	ting Perso	n
,											Form filed by More than One Reporting Person							
(City)	(State)	(Zip)	ľ	Rule 10b5-1(c) Transaction Indication													
						ock this hav to	indica	ate that a t	ransa	tion was ma	de nursua	ent to	a contract	instruction or	written pla	an that is	s intended to	satisfy
	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																	
		Т	able I - Nor	n-Deriva	tive S	ecurities	Acc	quired.	Dis	posed of	f, or Be	ene	ficially	Owned				
1. Title of Security (Instr. 3) 2. Trans.															6. Ownership		7. Nature of	
Date			Date	/Day/Year) if any (Month/Day/Year)			Transaction Disposed Code (Instr.		d Of (D) (Instr. 3, 4			Securities Beneficially Owned Following		Form: Direct (D) or Indirect (I) (Instr. 4)		Indirect Beneficial Ownership		
							Code	v	Amount	(A)	or	Price	Reported Transaction(s)				(Instr. 4)	
								Code	Ľ		(D)		FIICE	(Instr. 3 an				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of	2.	3. Transaction	3A. Deemed		, 54	, 		•	,		1			8. Price of	9. Numb	or of	10.	11. Nature
Derivative	Conversion	Date	Execution Dat		saction	Derivative		6. Date Exercisable and Expiration Date of Securities			Derivative	derivativ	/e	Ownershi	of Indirect			
Security (Instr. 3)				de (Instr. Securities (Month/Day/Year) Underlying Acquired (A) or Disposed of (D) (Instr. 3, 4			ive Se		Security Securitie (Instr. 5) Benefici			Form: Direct (D)	Beneficial Ownership					
							and	4)		Owned Followin		or Indirect (I) (Instr. 4)						
				and 5)								Reported Transaction(s) (Instr. 4)						
									Amount or									
				Code	ode V (A) (D) Exercisable Date Title				Title		lumber of Shares							

Explanation of Responses:

\$5.17

Employee Stock

Option (right to

buy)

1. Represents options to purchase shares of common stock pursuant to the Company's 2021 Omnibus Equity Incentive Plan.

2. The shares underlying the option vest over a four-year period, vesting 1/4 on the one-year anniversary of the date of grant, and the remaining 3/4 vesting pro rata on a monthly basis in 36 equal installments thereafter.

(2)

<u>/s/ Samuel J. Reich</u> ** Signature of Reporting Person

434,000

\$<mark>0</mark>

434,000

02/23/2024

Date

D

Common

Stock

02/21/2034

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).

02/21/2024

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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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.

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