

BioCardia, Inc.
Form 3
October 26, 2016

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

<p>1. Name and Address of Reporting Person *</p> <p>Â Pesta Phil</p> <p>(Last) (First) (Middle)</p> <p>C/O BIOCARDIA, INC.,Â 125 SHOREWAY ROAD, SUITE B</p> <p>(Street)</p> <p>SAN CARLOS,Â CAÂ 94070</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>10/24/2016</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>BioCardia, Inc. [BCDA]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) VP, Operations</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p>	<p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person</p>
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Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
No securities beneficially owned	0	D ⁽¹⁾	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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 control number.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) Title	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	Amount or Number of Shares	or Indirect (I) (Instr. 5)
Employee stock option (right to buy)	Â (2)	07/28/2021	Common Stock 651,823 \$ 0.13	D Â
Employee stock option (right to buy)	Â (3)	07/09/2023	Common Stock 27,153 \$ 0.15	D Â
Employee stock option (right to buy)	Â (4)	07/05/2024	Common Stock 508,172 \$ 0.15	D Â
Employee stock option (right to buy)	Â (5)	08/19/2026	Common Stock 1,141,286 \$ 0.15	D Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Pesta Phil C/O BIOCARDIA, INC. 125 SHOREWAY ROAD, SUITE B SAN CARLOS, CA 94070	Â	Â	Â VP, Operations	Â

Signatures

/s/ Peter Altman, by power of attorney 10/26/2016

__Signature of Reporting Person Date

Explanation of Responses:

- * 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).
- (1) Not applicable.
- (2) The shares subject to the option are fully vested and immediately exercisable.
- (3) One-forty-eighth of the shares subject to the option vest on August 1, 2013 and each month thereafter, subject to the Reporting Person continuing as a service provider through each such date.
- (4) One-forty-eighth of the shares subject to the option vest on August 1, 2014 and each month thereafter, subject to the Reporting Person continuing as a service provider through each such date.
- (5) One-forty-eighth of the shares subject to the option vest on November 24, 2016 and each month thereafter, subject to the Reporting Person continuing as a service provider through each such date.

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Remarks:

Exhibit 24 & #8211; Power of Attorney

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.