FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | | | |
| l | Estimated average burden | | | | | | | | | | | |
| l | 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* Mahmoud Ramy A | | | | | | 2. Issuer Name and Ticker or Trading Symbol OptiNose, Inc. [OPTN] | | | | | | eck all applica Director | able) | Person(s) to Issu 10% Ov Other (s | vner | |
|--|--|-------------------------|-----------------|--------------|---|--|-------------------------------------|--|------------------------------------|---|---|---|--|---|--|--|
| (Last) (First) (Middle) C/O OPTINOSE, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/28/2019 | | | | | | | w) below) President and COO | | , , | |
| 1020 STONY HILL ROAD, SUITE 300 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | |
| (Street) YARDLI | | PA 19067 (State) (Zip) | | | , | | | | | | Lin | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S | | | | | | | | | 6: . : . 11 | . 0 | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transactic Code (Ins 8) | 4. Secur Dispose tr. | ed Of (D) (Instr. 3, 4 (A) or (D) | | 5. Amoun Securities Beneficia Owned Fe Reported Transacti (Instr. 3 a | s F lly (l ollowing (l on(s) | Form: Direct D) or Indirect I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 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 | Month/Day/Year) if any | Execution Date, | Code (Instr. | | Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | Ownership Form: / Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | .(3) | | |
| Stock Option (Right to Buy) | \$7.42 | 02/28/2019 | | A | | 150,000 | | (1) | 02/28/2029 | Common Stock | 150,000 | \$0 | 150,000 | D | | |

Explanation of Responses:

1. The option vests and becomes exercisable over a four-year period commencing on February 28, 2019. Twenty-five percent (25%) of the option vests and becomes exercisable on February 28, 2020, and the balance vests in equal monthly installments (rounded down to the nearest whole share) over the remaining three years of the four-year period, subject to continued service with the Issuer.

Remarks:

/s/ Leanne Kelly, attorney-infact 03/06/2019

** 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.