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(Print or Type Responses)

Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 Jabbour Jerome D	2. Issuer Name and Ticker or Trading Symbol Matinas BioPharma Holdings, Inc. [MTNB]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) C/O MATINAS BI INC., 1545 ROUT	DDIGG	3. Date of Earliest Transaction (Month/Day/Year) 03/22/2018						X Officer (give title below) Other (specify below) Chief Executive Officer			
BEDMINSTER, N	2	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	T	fable I - No	n-De	rivative S	ecurities	s Acqu	ired, Disposed of, or Beneficially Own	ed	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		(Instr. 8)		4. Securi (A) or D (Instr. 3,	isposed o	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Form:	7. Nature of Indirect Beneficial
			(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Pamindar: Panort on a senarate line for each class of securities baneficially owned directly or indirectly											

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

Persons who respond to the collection of information contained SEC 1474 (9-02) in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title Derivat Security (Instr. 3	ive Conversion or Exercise	Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code)	5. Number of Derivative Securities Acquired (A Disposed of (Instr. 3, 4, a 5)	(D)		Date			Security Securities (Instr. 5) Beneficially Owned Following Reported		Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficial Ownership
				Code	v	(A)		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)	(1) (Instr. 4)	
Stock Option (right t buy)	5 0 98	03/22/2018		А		1,000,000		<u>(1)</u>	03/21/2028	Common Stock	1,000,000	\$ 0	1,000,000 (2)	D	

Reporting Owners

Denseting Orman Name (Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Jabbour Jerome D C/O MATINAS BIOPHARMA HOLDINGS, INC. 1545 ROUTE 206, SUITE 302 BEDMINSTER, NJ 07921	Х		Chief Executive Officer				

Signatures

/s/ Meredith Prithviraj, attorney-in fact for Jerome D. Jabbour	03/23/2018
Signature of Reporting Person	Date

Explanation of Responses:

* 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).

(1) 25% of the shares vest on March 22, 2019 and the remaining shares vest in equal monthly installments over the next 36 months.

Since the date of the reporting person's last ownership report, he transferred 379,687 shares of issuer's common stock to his ex-wife pursuant to a domestic relations order and he transferred (2) the economic benefits of employee stock options to purchase an aggregate of 612,500 shares with exercise prices ranging from \$0.41 to \$1.28 per share to his ex-wife pursuant to a domestic relations order. The reporting person no longer reports as beneficially owned any securities owned by his ex-wife.

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.