## FORM 4

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

	D //	Owner Name / Add				R	elatio	onships							
Repor	ting O	wners													
Stock option (right to buy)	\$ 0.61	01/02/2019		A		250,000		(1)	01/02/2029	Comm	1/50 000	\$ 0	250,000	D	
				Code	V	(A)	(D)	Date Exercisab	Expiration le Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	(e.g., puts, ca 4. f Transaction Code c) (Instr. 8)		5. Number of		ired, Disposed of, or Bene options, convertible secur 6. Date Exercisable and Expiration Date (Month/Day/Year)				Derivative Security (Instr. 5)	Securities Beneficially Owned Following Reported Transaction(s)	Ownershi Form of Derivativ Security: Direct (D or Indirect (s) (I)	
Reminder:	Report on a	separate line for eac	h class of securities	benefici	ally	owned dire	ectly	Persor contai	ly. ns who responed in this for isplays a curr	rm are n	ot required	to respon	d unless th		474 (9-02)
(Month/Day/Yo			(Month/Day/Year)	any (Month		(Instr. 8		(A) or (D)		Fransaction(s) Instr. 3 and 4)		]		eneficial wnership nstr. 4)	
1.Title of Security 2. Transaction (Instr. 3) Date			2A. Deemed 3. Transac Execution Date, if Code								5. Amount of Securities Beneficially Owned Following Reported			. Nature f Indirect	
	(City) (State) (Zip)			Table I - Non-Derivative Securities Acqui						s Acquir	ired, Disposed of, or Beneficially Owned				
(Street) BEDMINSTER, NJ 07921				4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by One Reporting Person  Form filed by More than One Reporting Person				
(Last) (First) (Middle) C/O MATINAS BIOPHARMA HOLDINGS INC., 1545 RT. 206 SOUTH, SUITE 302				3. Date of Earliest Transaction (Month/Day/Year) 01/02/2019							X Officer (give title below) Other (specify below)  Chief Financial Officer				
Name and Address of Reporting Person –  Kucinski Keith A				2. Issuer Name and Ticker or Trading Symbol Matinas BioPharma Holdings, Inc. [MTNB]							5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)  Director X Officer (give title below) Other (specify below)				
1 Name ar	nd Address o	f Reporting Person	*	2 Issue	r No	me and T	icke:	r or Tradina	Symbol	4	5. Relationshir	of Reporti	ng Person(s)	to Issuer	

Donastina Osman Nama / Addings	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Kucinski Keith A C/O MATINAS BIOPHARMA HOLDINGS INC. 1545 RT. 206 SOUTH, SUITE 302 BEDMINSTER, NJ 07921			Chief Financial Officer				

## **Signatures**

/s/ Jerome D. Jabbour, attorney-in fact for Keith A. Kucinski	01/04/2019
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).
- The option award was made in accordance with the terms of the Issuer's Amended and Restated 2013 Equity Incentive Plan (the "2013 Plan"). The option vests as to 62,500 shares on (1) January 2, 2020 with the remaining shares to vest in equal monthly installments over a period of 36 months commencing on February 1, 2020. The exercise price is based on the closing price for the shares of the Common Stock on the date of grant in accordance with the terms of the 2013 Plan.

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.