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 0.5 hours per response..

# 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

(Print or Ty	pe Response	es)															
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)					
(Last) (First) (Middle) C/O MATINAS BIOPHARMA HOLDINGS INC., 1545 RT. 206 SOUTH, SUITE 302					3. Date of Earliest Transaction (Month/Day/Year) 02/11/2019							X Officer (give title below) Other (specify below)  Chief Financial Officer					
(Street) BEDMINSTER, NJ 07921				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)					Table I - Non-Derivative Securities Acquired,							ired, D	ed, Disposed of, or Beneficially Owned				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year			Execution any	2A. Deemed Execution Date, if any (Month/Day/Year)			saction 8)	4. Securities A (A) or Dispos (Instr. 3, 4 and		of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		1	Ownership Form: Direct (D)	Beneficial Ownership		
						Cod	e V	Amo	(A) or (D)	Price					or Indirect (I) (Instr. 4)	(Instr. 4)	
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.  Persons who respond to the collection of information SEC 1474 (9-02) contained 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 of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code	Transaction De Code Sec (Instr. 8) Ac or of		ve	6. Date Exercisable and Expiration Date (Month/Day/Year)		ate	of Und Securi	derlying		Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	Owners Form of Derivati Security Direct (I or Indire	) [
				Code	V	(A)	(D)	Date Exercisa		Expiration Date	Title	oi N	amount r Jumber f Shares		(Instr. 4)	(Instr. 4)	
Stock option (right to buy)	\$ 1.08	02/11/2019		A		275,000	0	(1)	C	02/10/2029	Comr	12	75,000	\$ 0	275,000	D	
Reporting Owners																	
						F	Relatio	onships									
Reporting Owner Name / Address				Director						Other							

Reporting Owner Name / Address		Relationships						
		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	02/13/2019	
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 25% of the shares (1) on February 11, 2020 with the remaining shares to vest in equal monthly installments over a period of 36 months commencing on March 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.