## FORM 4

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

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

#### 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 NT											1					
1. Name and Address of Reporting Person * Ende Eric J			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) (First) (Middle) C/O MATINAS BIOPHARMA HOLDINGS, INC., 1545 ROUTE 206 SOUTH, SUITE 302			3. Date of Earliest Transaction (Month/Day/Year) 11/01/2021							Officer (give	e title below)	Oti	er (specify below)	)		
(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 PersonForm filed by More than One Reporting Person						
	(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu						lired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yea			2A. Dee Execution	on Dat	e, if C		(	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Owned Follow Transaction(s)		)		Ownership or Form:	. Nature f Indirect Beneficial Ownership	
				(Month)	/Day/ I	carj	Code	v V A	Amount (A) (D)		(Instr. 3 and 4)			or Indirect (I) (Instr. 4) (Instr. 4)		
Reminder:	1								s who respo						ned SEC 14	474 (9-02)
Reminder:	1							in this display ired, Disp	form are not s a currentl osed of, or Be	require y valid C	d to r	espond control n	unless the		ned SEC 14	474 (9-02)
1. Title of	•		3A. Deemed Execution Date, if	4. Transact	tion 5. Solution Signature (I	, warr Numb	er contive s (1 (A) sed	in this display ired, Dispoptions, co	form are no rs a currentle psed of, or Be envertible sec ercisable and Date	require y valid C neficially urities) 7. Titl of Und Securi	OWN Own of and Aderlyin	espond control n ed Amount	unless the number.		Of 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur p of Indire Beneficia Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transact	tion 5. Solution Signature (I	Number Derivation of (D) nstr. 3,	er (entive I s (l (A) sed 4,	in this display ired, Dispoptions, co 6. Date Expiration	form are no is a currentl psed of, or Be invertible sec ercisable and Date y/Year)	require y valid C neficially urities) 7. Titl of Und Securi	e and Aderlyinities 3 and	espond control n ed Amount	8. Price of Derivative Security	9. Number Derivative Securities Beneficially Owned Following Reported	Of 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur p of Indire Beneficie Ownersh (Instr. 4)

#### **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Ende Eric J C/O MATINAS BIOPHARMA HOLDINGS, INC. 1545 ROUTE 206 SOUTH, SUITE 302 BEDMINSTER,, NJ 07921	X				

### **Signatures**

/s/ Keith A. Kucinski, attorney-in fact for Eric J. Ende	11/02/2021
**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 in equal monthly installments over a period of 12 months commencing on December 1, 2021. 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.