FORM 4	4
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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).

(Drint or Type De

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

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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 Type Responses)											
1. Name and Address of Repor Jabbour Jerome D	2. Issuer Name an Matinas BioPha			0.		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_Director 10% Owner					
(Last) (First) C/O MATINAS BIOPHA INC., 1545 ROUTE 206	ARMA HOLDINGS,	3. Date of Earliest 03/17/2020	Transactio	n (Mo	onth/Day/	Year)	X Officer (give title below) Other (specify below) President and CEO				
(Stree BEDMINSTER,, NJ 079	, 	4. If Amendment, 1	Date Origin	nal Fi	led(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	e) (Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if		ction	(A) or Disposed of (D)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Form:	7. Nature of Indirect Beneficial Ownership	
		(Wohlly Day) Four)	Code	v	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)		
Common Stock, par valu \$0.0001 per share	e 03/17/2020		Р		10,000	А	\$ 0.65	799,511	D		

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

SEC 1474 (9-02) 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 control number.

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

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.	5			6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	n N	Jumbe	er	and Expiration	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	0	*		Underlying		Security	Securities	Form of	Beneficial		
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Ľ	Deriva	tive			Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				S	lecurit	ties			(Instr	: 3 and		Owned	Security:	(Instr. 4)
	Security				A	Acquir	ed			4)			0	Direct (D)	
					· ·	A) or							1	or Indirect	
						Dispos							Transaction(s)	< / <	
					of (D)								(Instr. 4)	(Instr. 4)	
					(Instr. 3,		· · ·								
					4, and 5)		5)								
											Amount				
								Date	Expiration		or				
								Exercisable		Title	Number				
								LACICISADIC	Date		of				
				Code V	/ ((A)	(D)				Shares				

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Jabbour Jerome D C/O MATINAS BIOPHARMA HOLDINGS, INC. 1545 ROUTE 206 SOUTH SUITE 302 BEDMINSTER,, NJ 07921	Х		President and CEO				

Signatures

/s/ Keith A. Kucinski, attorney in fact for Jerome D. Jabbour 03/18/2020 Date **Signature of Reporting Person

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 price represents the weighted average purchase price for multiple transactions reported on this line. The prices of the transactions ranged from \$0.64 to \$0.65, inclusive.
 (1) The reporting person undertakes to provide to Matinas BioPharma Holdings, Inc., any security holder of Matinas BioPharma Holdings, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth herein.

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.