FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROV	AL
OMB Number:	3235-028
Estimated average burden	

hours per response:

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.
1. N	Name and Address of Reporting Person*

Rule 10b	5-1(c). See Ins	struction 10.														
	d Address of	Reporting Person*						er or Trading S S, Inc. [ 1			(Chec	k all applicab	Reporting Persor le)			
(Last) (First) (Middle)						of Earliest T /2023	ransa	ction (Month/I	Day/Year)	x	Director Officer (g below)	ive title	10% Own Other (sp below)			
C/O THERIVA BIOLOGICS, INC., 9605 MEDICAL CENTER DRIVE, SUITE 270					4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person				
(Street)	LE N	<b>M</b> D	20850									Form file	d by More than (	One Reporting	Person	
(City)	(	State)	(Zip)													
		Ta	able I - Non-D	eriva	tive S	Securitie	s Ac	quired, D	isposed (	of, or Be	neficially	Owned				
1. Title of Security (Instr. 3)			Da	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date if any (Month/Day/Yea		e, Transaction Disposed Code (Instr. 5)		ties Acquired (A) or I Of (D) (Instr. 3, 4 and		5. Amount Securities Beneficial Owned Fo	Form (D) o	: Direct or Indirect Enstr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	Amount	(A) o	Price	Reported Transaction (Instr. 3 a			Instr. 4)	
			Table II - De					uired, Dis , options,	-	•	•	Owned	'	,		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	rsion Date rcise (Month/Day/Year) i of tive	Execution Date, if any (Month/Day/Year)	Transaction   Code (Instr. 8)		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
				Code	v	(A)		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s)			
Stock Options (right to	\$0.5875	12/14/2023		A		110,000(1)		01/14/2024 <sup>(1</sup>	12/14/203	0 Commor Stock	110,000	\$0	110,000	D		

## **Explanation of Responses:**

1. These stock options vest pro rata on a monthly basis over 12 months.

/s/ Jeffrey Wolf

12/15/2023

\*\* Signature of Reporting Person

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

- \* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.