FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROV	'AL
OMB Number:	3235-0287
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-1	Check this box if no longer subject to
-	Section 16. Form 4 or Form 5 obligations
_	may continue. See Instruction 1(b).

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

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

the affire	suer that is into mative defense 55-1(c). See Ins																		
Name and Address of Reporting Person* SHALLCROSS STEVEN A					2. Issuer Name and Ticker or Trading Symbol Theriva Biologics, Inc. [TOVX]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
SHALLCROSS STEVEN A					3. Date of Earliest Transaction (Month/Day/Year)								X	Director Officer (g	rivo titlo		10% Owr Other (sp	·	
(Last) (First) (Middle)						12/14/2023								below)			below)	ecity	
C/O THE	RIVA BIOL	OGICS, INC., 96	05												CEO a	nd CF	0		
MEDICAL CENTER DRIVE, SUITE 270				Ì	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Ind	6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)													X	Form filed	-		_		
ROCKVIL	LE N	MD	20850											Form filed	d by More	than O	ne Reporting	g Person	
(City)	(:	State)	(Zip)																
		Ta	able I - Non-l	Deriva	tive S	Securitie	s Ac	qı	uired, D	isp	posed of	, or Be	neficially	Owned					
Date			2. Transa Date (Month/D		2A. Deemed Execution Date if any (Month/Day/Ye			Code (In			ies Acquire Of (D) (Ins	ed (A) or tr. 3, 4 and	5. Amount Securities Beneficiall Owned Fol Reported	s Formula (D) ollowing (I) (m: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code		Amount	(A) oi (D)	Price	Transaction(s) (Instr. 3 and 4)				(5 4,	
			Table II - Do			curities		•	•	•			•	wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisal Expiration Date (Month/Day/Year			ble and	7. Title ar of Securit Underlyir	nd Amount ties g e Security	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Beneficia Owned Followin Reported Transact	ve es ally g	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
				Code	v	(A)	(D)		ate cercisable	- 1	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)				
Stock Options (right to	\$0.5875	12/14/2023		А		700,000 ⁽¹⁾		01	L/14/2024 ⁽¹	1)]	12/14/2030	Common Stock	700,000	\$0	700,0	000	D		

Explanation of Responses:

1. These stock options vest pro rata on a monthly basis over 36 months.

/s/ Steven A. Shallcross

12/15/2023

** Signature of Reporting Person

Date

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.