FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | |
| Estimated average burden | | | | | | |
| hours per response: | 0.5 | | | | | |

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

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

| | | | | | _ | | | | | | | | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------|--------------------------------------------|-----------------|----------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------|-------|--------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------|--------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------|--|--|--|
| Name and Address of Reporting Person Kreis Leslie W. | | | | | 2. Issuer Name and Ticker or Trading Symbol Lantern Pharma Inc. [LTRN] | | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner | | | | | | |
| (Last) | (First) | | iddle) | | | Date of Earliest Transaction (Month/Day/Year) | | | | | | | | Officer (give title Other (specify below) | | | | | | | |
| C/O LANTERN PHARMA INC. 1920 MCKINNEY AVENUE, 7TH FLOOR | | | | | 4. If <i>i</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person | | | | | | |
| (Street) DALLAS | TX | 75 | 201 | | | | | | | | | | | X | X Form filed by More than One Reporting Person | | | | | | |
| (City) | (State) | (Zi | p) | | | | | | | | | | | | | | | | | | |
| | | Та | ble I - No | n-Der | ivativ | e S | ecuritie | s Acq | uired, l | Disp | osed of, | or | Benefi | cially Ov | vned | | | | | | |
| | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a | | | 4 and 5) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | | Code | V | Amount | | (D) | Price | ce (ca. o dila 4) | | | | | | |
| Common Stock | | | 11/08/2022 | | | | | S | | 58,711 D | | D | \$4.4 | 271,193 | | 93 I | | By Bios Fund I QP, LP ⁽¹⁾⁽²⁾⁽³⁾ | | | |
| Common Stock | | | 11/08/2022 | | | | | S | | 100,380 | | D | \$4.4 | 463,658 | | 558 I | | By Bios Fund I, LP ⁽¹⁾⁽²⁾⁽³⁾ | | | |
| Common Stock | ommon Stock | | | 11/08/2022 | | | | s | | 17,74 | 8 | D | \$4.4 | 71,774 | | I | | By Bios Fund II NT, LP ⁽¹⁾⁽²⁾⁽³⁾ | | | |
| Common Stock | | | 11/ | 11/08/2022 | | | | S | | 132,575 | | D | \$4.4 | 536,163 | | I | | By Bios Fund II QP, LP ⁽¹⁾⁽²⁾⁽³⁾ | | | |
| Common Stock 11. | | | 11/ | 1/08/2022 | | | | S | | 40,586 | | D | \$4.4 | 164,137 | | I | | By Bios Fund II, LP ⁽¹⁾⁽²⁾⁽³⁾ | | | |
| | | | Table II - I | Deriv (e.g., | ative puts, | Sec cal | urities Is, warr | Acqui | red, Di | spos s, co | sed of, o | r Be | neficia curitie | ally Own s) | ed | | | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) if any (Month/Day/ | | ate, | 4. Transaction Code (Instr. | | 5. Number of Derivative | | 6. Date Exerc Expiration Da (Month/Day/Y | | te | 7. Title and Amou Securities Underl Derivative Securi (Instr. 3 and 4) | | derlying curity | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Followin Reported Transact | e (C s F nilly C g (C | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration e Date Title | | | Amount or Number of Shares | (Instr. 4 | | | | | | |
| Name and Address of Reporting Person* Kreis Leslie W. | | | | | | | | | | | | | | | | | | | | | |
| | <u> </u> | | | | | | | | | | | | | | | | | | | | |
| (Last) (First) (Middle) C/O LANTERN PHARMA INC. 1920 MCKINNEY AVENUE, 7TH FLOOR | | | | | | | | | | | | | | | | | | | | | |
| (Street) DALLAS | TX | | 75201 | | | | | | | | | | | | | | | | | | |
| (City) | y) (State) (Zip) | | | | | | | | | | | | | | | | | | | | |

| 1. Name and Address of Reporting Person * <u>Cavu Management, LP</u> | | | | | | | |
|----------------------------------------------------------------------|----------|-------|--|--|--|--|--|
| (Last) 1751 RIVER RUN, S | (Middle) | | | | | | |
| (Street) FORT WORTH | TX | 76107 | | | | | |
| (City) | (State) | (Zip) | | | | | |
| 1. Name and Address of Reporting Person* Cavu Advisors, LLC | | | | | | | |
| (Last) (First) (Middle) 1751 RIVER RUN, SUITE 400 | | | | | | | |
| (Street) FORT WORTH | TX | 76107 | | | | | |
| (City) | (State) | (Zip) | | | | | |
| 1. Name and Address of Reporting Person* BP Directors, LP | | | | | | | |
| (Last) 1751 RIVER RUN, S | (Middle) | | | | | | |
| (Street) FORT WORTH | TX | 76107 | | | | | |
| (City) | (State) | (Zip) | | | | | |

Explanation of Responses:

- 1. Bios Equity Partners, LP ("Bios Equity I") is the general partner of the following entities: Bios Fund I, Bios Fund I QP and BP Directors, LP ("Bios Directors"). Bios Equity Partners II, LP ("Bios Equity II") is the general partner of the following entities: Bios Fund II, Bios Fund II QP and Bios Fund II NT. Cavu Management, LP ("Cavu Management"), an entity managed and controlled by Mr. Kreis, and Bios Capital Management, LP ("Bios Management"), an entity managed and controlled by Aaron Glenn Louis Fletcher, are each a general partner of Bios Equity I and Bios Equity II. Cavu Advisors", an entity that is managed and controlled by Mr. Kreis, is the general partner of Cavu Management. Bios Advisors GP, LLC ("Bios Advisors"), an entity that is managed and controlled by Mr. Fletcher, is the general partner of Bios Management.
- 2. Mr. Kreis, Cavu Management, Cavu Advisors, Mr. Fletcher, Bios Management and Bios Advisors each share voting and investment control with respect to the shares held by Bios Fund I, Bios Fund I QP, Bios Directors, Bios Fund II, Bios Fund II QP and Bios Fund II NT (collectively, the "Bios Equity Entities"). Because of the relationship between Mr. Kreis, Mr. Fletcher, Cavu Management, Bios Management, Cavu Advisors, Bios Advisors and the Bios Equity Entities, Mr. Kreis, Mr. Fletcher, Cavu Management, Bios Management, Cavu Advisors and Bios Advisors each may be deemed to beneficially own the shares held directly by the Bios Equity Entities. Bios
- 3. For purposes of Section 16 of the Securities Exchange Act of 1934, as amended, each Reporting Person disclaims beneficial ownership of any such securities, except to the extent of his/its pecuniary interest therein, if any, and this report shall not be deemed an admission that such Reporting Person is the beneficial owner of such securities for purposes of Section 16 or otherwise.

Remarks:

This Form 4 is the first of two Forms 4 filed relating to the same event. The Form 4 has been split into two filings because there are more than 10 reporting persons in total, and the SEC's EDGAR filing system limits a single Form 4 to a maximum of 10 reporting person. The second Form 4 will be filed by Aaron Glenn Louis Fletcher as the designated filer.

> /s/ Leslie W. Kreis, Jr 11/09/2022 Cavu Management, LP By: Cavu Advisors, LLC, its general partner 11/09/2022 By: /s/ Leslie W. Kreis, Jr, Manager Cavu Advisors, LLC By: /s/ Leslie 11/09/2022 W. Kreis, Jr, Manager BP Directors, LP By: Bios Equity Partners, LP, its general partner By: Cavu Management, LP By: 11/09/2022 Cavu Advisors, LLC, its general partner By: /s/ Leslie W. Kreis, Jr, Manager

** 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.