| | | т – | | D STAT | TES S | SEC | URI | TIE | S AN | DE | XCHAN | IGE | со | MMI | ssioi | N | | | |
|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-------|--------|-----------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------|--------|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----|
| Chock | FORM 4 UNITED STATES SECURITIES AND EXCHANGE CO Washington, D.C. 20549 | | | | | | | | | | | | | | OMB APPROV | | | | VAL |
| to Section 16. Form 4 or Form 5 obligations may continue. See | | | | | | T OF CHANGES IN BENEFICIAL OWN pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | ERSHIP | | | DMB Number: 3235-0287 istimated average burden ours per response: 0.5 | |
| 1. Name and Address of Reporting Person* TRABER PETER G (Last) (First) (Middle) | | | | | CA | 2. Issuer Name and Ticker or Trading Symbol <u>CALADRIUS BIOSCIENCES, INC.</u> [CLBS] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title Other (specify below) below) | | | | wner | |
| C/O CALADRIUS BIOSCIENCES, INC. 110 ALLEN ROAD, 2ND FLOOR | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/11/2021 | | | | | | | | | | | | | |
| (Street) BASKING NJ 07920 RIDGE | | | | 4. If A | 4. If Amendment, Date of Original Filed (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) (Zip) | | | | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or B | ene | ficiall | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Day | | | | | Execution Date, | | | Transaction Disposed Code (Instr. 5) | | es Acquired (A) Of (D) (Instr. 3, | | | | ies cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | Code | v | Amount | (A) (D) | or F | Price | rice Reported Transactio (Instr. 3 an | | | | (Instr. 4) | | |
| Common Stock 01/11/2 | | | | | .021 | | | A | | 37,735(1 |) A | | \$ <mark>0</mark> | 0 83,760 ⁽²⁾ | | | D | | |
| | | Tal | | | | | | | | | osed of, onvertib | | | | Owneo | ł | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | | 4. Transaction Code (Instr. 8) | | 5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instri and 5 | rities ired r osed) : 3, 4 | 6. Date Exercis Expiration Dat (Month/Day/Ye | | te | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) Amou or Numb of Title Share | | int | | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirec Beneficial Ownershi (Instr. 4) | |

Explanation of Responses:

1. Represents 37,735 restricted stock units granted under the Issuer's 2018 Equity Incentive Compensation Plan which will vest on January 11, 2022.

2. Includes 56,027 unvested restricted stock units.

Remarks:

Peter G. Traber, By: /s/ Todd C. Girolamo, Esq., Attorney- 01/12/2021 in-Fact

** 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.