FORM 4

# **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB	APP	RO\	/AI

OMB Number:	3235-0287
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hours nor recogness:	0.5

#### 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 of the issuer that is intended to satisfy the

#### 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

affirmative defer 10b5-1(c). See	nse conditions of Rule Instruction 10.						
Name and Address of Reporting Person*  Heyburn William A.			2. Issuer Name and Ticker or Trading Symbol Strata Critical Medical, Inc. [ SRTA ]	Relationship of Reporting Person(s (Check all applicable)      Size to the second	s) to Issuer		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 10/31/2025	X Director  X Officer (give title below)	Other (specify below)		
C/O STRATA	CRITICAL MED	ICAL, INC.		Co-CEO and C	Co-CEO and CFO		
31 HUDSON YARDS, 14TH FLOOR			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Ch X Form filed by One Reportin	/		
(Street)				Form filed by More than On	•		
NEW YORK	NY	10001		Tomi med by More than On	to reporting recom		
(City)	(State)	(Zip)					

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
		Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Class A common stock, \$0.0001 par value per share	10/31/2025	A		181,072(1)	A	\$0	1,486,569	D	
Class A common stock, \$0.0001 par value per share	11/03/2025	F		100,133(2)	D	\$5.03	1,386,436	D	

### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		d 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)			

## **Explanation of Responses:**

- 1. Represents shares that were acquired upon the certification of the Compensation Committee of the Issuer's Board of Directors of the satisfaction of performance criteria underlying an award of performance-based restricted stock units ("PSUs") granted to the Reporting Person on March 8, 2024.
- 2. Represents shares withheld by the Issuer to satisfy tax withholding obligations in connection with the vesting of PSUs.

# Remarks:

/s/ Melissa M. Tomkiel, as attorney-in-fact for William A.

11/05/2025

**Heyburn** 

\*\* 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.