FORM 3

1. Name and Address of Reporting Person

(First)

(Middle)

Strobeck Matthew

(Last)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 0104 Estimated average burden

3235-

hours per 0.5 response

6. Nature of

Indirect Beneficial

Ownership (Instr.

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 3. Issuer Name and Ticker or Trading Symbol 2. Date of Event 1. Name and Address of Reporting Person* Requiring Statement (Month/Day/Year) ELUTIA INC. [ELUT] Birchview Capital, LP 12/31/2023 4. Relationship of Reporting Person(s) to 5. If Amendment, Date of Original Filed (Month/Day/Year) (Last) (First) (Middle) (Check all applicable) 02/13/2023 688 PINE STREET, 2ND FLOOR 10% Owner Director Officer (give Other (specify 6. Individual or Joint/Group Filing title below) below) (Check Applicable Line) (Street) 10% Owner in previous filing Form filed by One Reporting **BURLINGTON VT** 05401 Form filed by More than One Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned 1. Title of Security (Instr. 4) 2. Amount of Securities 3. Ownership 4. Nature of Indirect Beneficial Beneficially Owned (Instr. Form: Direct Ownership (Instr. 5) (D) or Indirect (I) (Instr. 5) See $footnotes^{(1)(2)(3)(4)(5)(6)}$ 1,655,184 Class A Common Stock Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 2. Date Exercisable and 3. Title and Amount of Securities 1. Title of Derivative Security (Instr. 4) **Expiration Date** Conversion Ownership **Underlying Derivative Security** (Month/Day/Year) (Instr. 4) or Exercise Form: Direct (D) Price of Amount Derivative or Indirect Security (I) (Instr. 5) Number Date **Expiration** of Title Exercisable Date Shares 1. Name and Address of Reporting Person* Birchview Capital, LP (Last) (Middle) (First) 688 PINE STREET, 2ND FLOOR (Street) **BURLINGTON VT** 05401 (City) (State) (Zip) 1. Name and Address of Reporting Person **Birchview Fund LLC** (Last) (First) (Middle) 688 PINE STREET, 2ND FLOOR (Street) **BURLINGTON VT** 05401 (City) (State) (Zip)

688 PINE STREET, 2ND FLOOR		
(Street) BURLINGTO	N VT	05401
(City)	(State)	(Zip)

Explanation of Responses:

- 1. This Form 3 amendment is being filed to reflect the new legal name of the issuer.
- 2. Matthew Strobeck is the Managing Member of Birchview Capital GP, LLC, who is the General Partner of Birchview Capital, LP. Matthew Strobeck is the Managing Member of Birchview Partners LLC, who is the Manager of Birchview Fund, LLC ("the Fund"). Birchview Capital, LP is the investment manager of Birchview Fund, LLC.
- 3. Birchview Fund, LLC acquired 1,303,105 of the shares. Matthew Strobeck personally acquired 165,094 of the shares and acquired an additional 117,924 of the shares in custodial accounts in his name (the "Strobeck Shares").
- 4. Of the Strobeck Shares, all 283,018 of the Strobeck Shares were held in separately managed accounts ("SMA") for which Birchview Capital, LP provided investment advice.
- 5. As the investment manager of the Fund, Birchview Capital, LP possesses the power to vote and dispose or direct the disposition of all the 1,303,105 shares held by the Fund.
- 6. The remaining shares are held in SMAs advised by Birchview Capital, LP.

/s/ Matthew Strobeck
Matthew Strobeck,
Managing Member of
Birchview Capital GP,
LLC, General Partner of
Birchview Capital, LP
Birchview Fund LLC By:

/s/ Matthew Strobeck

Birchview Capital, LP By:

Matthew Strobeck,

Managing Member of 02/14/2024

<u>Birchview Partners LLC,</u> <u>Manager of Birchview</u>

Fund LLC

/s/ Matthew Strobeck 02/14/2024

** Signature of Reporting
Person
Date

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

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.

^{*} If the form is filed by more than one reporting person, see Instruction 5 (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).