

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

| OMB APPROVAL                                 |           |
|--|-----------|
| OMB Number:                                  | 3235-0104 |
| Estimated average burden hours per response: | 0.5       |

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

|   |  |   |   |
|---|--|---|---|
| 1. Name and Address of Reporting Person*<br><u>Sanford</u><br><hr/> (Last) (First) (Middle)<br><u>801 BROADWAY N</u><br><hr/> (Street)<br><u>FARGO ND 58122</u><br><hr/> (City) (State) (Zip) | 2. Date of Event Requiring Statement (Month/Day/Year)<br><u>03/22/2017</u> | 3. Issuer Name and Ticker or Trading Symbol<br><u>Caladrius Biosciences, Inc. [ CLBS ]</u>  |   |
|   |  | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable)<br>Director <input checked="" type="checkbox"/> 10% Owner<br>Officer (give title below) Other (specify below) | 5. If Amendment, Date of Original Filed (Month/Day/Year)<br><br>6. Individual or Joint/Group Filing (Check Applicable Line)<br>Form filed by One Reporting Person<br><input checked="" type="checkbox"/> Form filed by More than One Reporting Person |

**Table I - Non-Derivative Securities Beneficially Owned**

| 1. Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---------------------------------|---|--|---|
| <u>Common Stock</u>             | <u>1,059,322</u>                                      | <u>D</u>   |   |

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) |                 | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) |                            | 4. Conversion or Exercise Price of Derivative Security | 5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|--|--|-----------------|---|----------------------------|--|--|---|
|  | Date Exercisable   | Expiration Date | Title   | Amount or Number of Shares |  |  |   |
|  |  |                 |   |                            |  |  |   |

|  |           |              |
|--|-----------|--------------|
| 1. Name and Address of Reporting Person* |           |              |
| <u>Sanford</u>                           |           |              |
| (Last)                                   | (First)   | (Middle)     |
| <u>801 BROADWAY N</u>                    |           |              |
| (Street)                                 |           |              |
| <u>FARGO</u>                             | <u>ND</u> | <u>58122</u> |
| (City) (State) (Zip)                     |           |              |

|  |           |              |
|--|-----------|--------------|
| 1. Name and Address of Reporting Person* |           |              |
| <u>Sanford Health</u>                    |           |              |
| (Last)                                   | (First)   | (Middle)     |
| <u>1305 W. 18TH STREET</u>               |           |              |
| (Street)                                 |           |              |
| <u>SIOUX FALLS</u>                       | <u>SD</u> | <u>57105</u> |
| (City) (State) (Zip)                     |           |              |

**Explanation of Responses:**

/s/ Rich Adcock, Chief Innovation Officer, on behalf of Sanford 03/23/2017

/s/ Rich Adcock, Chief Innovation Officer, on behalf of Sanford Health 03/23/2017

\*\* 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 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).

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.