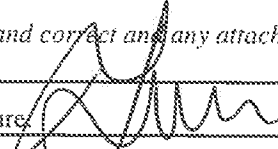


PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT5321586

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
CHANGCHENG YOU	01/10/2019
QUYNH PHAM	01/10/2019
DANNY CONCAGH	01/10/2019
RECEIVING PARTY DATA	
Name:	480 BIOMEDICAL, INC.
Street Address:	480 ARSENAL STREET
City:	WATERTOWN
State/Country:	MASSACHUSETTS
Postal Code:	02472
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	16199670
CORRESPONDENCE DATA	
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<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>	
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NAME OF SUBMITTER:	ABBY EVERSON
SIGNATURE:	/abby everson/
DATE SIGNED:	01/11/2019
Total Attachments: 2	
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Form PTO-1595	RECORDATION FORM COVER SHEET		U.S. Department of Commerce Patent and Trademark Office
PATENTS ONLY			
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.			
1. Name of conveying party(ies): Changcheng You Quynh Pham Danny Concagh	2. Name and address of receiving party(ies): 480 Biomedical, Inc. 480 Arsenal Street Watertown, MA 02472		
Additional name(s) of conveying party(ies) attached? No	Additional name(s) & address(es) attached? No		
3. Nature of conveyance: Assignment Execution Date: 01/10/2019			
4. Title of Invention: Implantable Scaffolds for Treatment of Sinusitus			
A. New Patent Application No.(s): 16/199,670	B. Patent No.(s):		
Additional numbers attached? No			
5. Name and address of party to whom correspondence concerning document should be mailed: Peter G. Carroll MEDLEN & CARROLL, LLP 1440 Broadway, Suite 1010 Oakland, California 94612	6. Total number of applications and patents involved: 1	7. Total fee(s): Effective January 01, 2014, as an electronic submission, payment in the amount of \$40 (\$40 Recordation fee) is not submitted.	
	8. Deposit Account Authorization: The Commissioner is hereby authorized to charge any additional fees or credit any overpayment to Deposit Account No. 08-1290.		
DO NOT USE THIS SPACE			
9. Statement and Signature: <i>To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.</i>			
Date: Jan 11, 2019	Signature: 		
	Name: Peter G. Carroll		
	Reg. No.: 32,837		