Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

| Name and Address of Reporting Person* | | | | | | | Issuer Name and Ticker or Trading Symbol | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | | | |
|--|--|--|--------|---------------------------------|--------------------|---|--|--|--|--|---|-----------------------------|---|-------------------------------------|--|---|--|--|--|------------|--|--|
| Bacher Johannes | | | | | OPGEN INC [OPGN] | | | | | | | (Che | eck all app Direc | , | | 10% O | wner | | | | | |
| | | | | | | | | | | | | | | 2 | | er (give title | | Other (| | | | |
| (Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/26/2022 | | | | | | | | | | , hief Oper | ating | , | | | | |
| C/O OPGEN, INC. 9717 KEY WEST AVE. | | | | | | | | | | | | | | | | | _ | | | | | |
| SUITE 1 | 4. If Amondment, Date of Original Filed (Month/Day/Mass) | | | | | | | | 6 In | 6 Individual or Joint/Croup Filing (Chook Applicable | | | | | | | | | | | | |
| (Street) | 4. " / | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | | | | |
| ROCKV | ILLE | MD | 2 | 0850 | | | | | | | | | | | 2 | Form | n filed by One Reporting Person | | | on | | |
| , | | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | orting | | |
| (City) | | (Stat | e) (Z | zip) | | | | | | | | | | | | | | | | | | |
| | | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Bene | ficial | ly Own | ed | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (Disposed Of (D) (Instr. 5) | | | | Securit Benefic Owned | Securities F Beneficially (Owned Following (| | n: Direct | 7. Nature of Indirect Beneficial Ownership | | | | | | |
| | | | | | | | | | | Code V | | Amount | (A) or (D) | | Price | Transa | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | |
| Common Stock 01/26/ | | | | | 2022 | | P | | 25,000 | A \$ | | \$0.85 | 60,000 | | | 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) | Derivative Conversion Date Exercise (Month/Day/Year) if an | | if any | emed ion Date, /Day/Year) | | Transaction Code (Instr. | | wative writies wired r osed) r. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | 5 | Derivative Security Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amo or Num of Shar | ber | | | | | | | |

Explanation of Responses:

/s/ Johannes Bacher

01/27/2022

** Signature of Reporting Person

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.