FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

		00540	
Washington.	D.C.	20549	

	STATEMENT OF	CHANGES IN	BENEFICIAL	OWNERSHII
--	---------------------	-------------------	-------------------	------------------

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

OMB APPROVAL

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 affirmative

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

	e conditions of ee Instruction 1																		
Name and Address of Reporting Person* Yee Gillian Tan Rou				2. Issuer Name and Ticker or Trading Symbol OPGEN INC OPGN						5. Relationship of Reporting Person(s) to Issu (Check all applicable)									
1cc Gil	iliali Tali	<u>Kou</u>							-						Direc	tor er (give title		10% Ov Other (s	
(Last)	(Fir	et) (M	/liddle)											1	below			below)	specify
(Last) (First) (Middle) LEVEL 33A-6, TOWER A, MENARA UOA BANGSAR				3. Date of Earliest Transaction (Month/Day/Year) 12/04/2024								Corporate	e Sec	retary					
NO. 5, B	ANGSAR	UTAMA 1 ROA	D		4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Indi	vidual or	· Joint/Grou	p Filin	g (Check A	pplicable			
(Street)							,		· - · · J · · · ·		(,	′	Line)			•	.	.
KUALA LUMPU	NIX	5	9000		Form filed by One Reporting Person Form filed by More than One Reporting Person														
(City)	(Sta	ate) (Z	Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)		Execution Date,				es Acquired (A) Of (D) (Instr. 3, 4		4 and Securi Benefi		ties Following (I)		n: Direct or Indirect ostr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)						
								Code	v	Amount (A)		or Pr	ice	Transaction(s) (Instr. 3 and 4)				(
Common Stock 12/04/			/2024			Α		15,625	15,625 A S		0.00	.00 15,625(1)			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)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any		4. 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)		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 Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amour or Number of Shares	er					

Explanation of Responses:

1. Represents an award of restricted stock units vesting on the earlier of the (i) first anniversary of the Corporate Secretary's appointment in the Company and (ii) a change in control; provided that the award is expressly conditioned upon the receipt of stockholder approval of a new equity incentive plan.

/s/ Gillian Tan Rou Yee

12/19/2024

** 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.