FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OIVID APPROVAL				
OMB Number:	3235-0287			
Estimated average bur	den			
hours per response	0.5			

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

STATEMENT OF CHANGES IN 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

	pe Response	s)														
1. Name and Address of Reporting Person * Barzilai Nir Yacov				2. Issuer Name and Ticker or Trading Symbol CohBar, Inc. [CWBR]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner						
(Last) (First) (Middle) C/O COHBAR, INC., 1455 ADAMS DRIVE, SUITE 2050				3. Date of Earliest Transaction (Month/Day/Year) 04/26/2021						_	Officer (give	title below)	Other	(specify below)	
(Street) MENLO PARK, CA 94025				4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person					
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu						s Acquire	ired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea		r) any	eemed tion Date, h/Day/Yea	if Code (Inst		(/	4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5)		of (D) Owned Follow			l (Ownership of orm:	. Nature f Indirect seneficial		
					С	ode	V A	Amount (A) or (D)		Price			(I)	Indirect (I)	Instr. 4)	
Reminder:								Daraan	o who roc	nond	l to the e	allostion of	informati	on contains	J CEC 1	474 (0, 02)
			Table II				ii a cquired	n this f curre d, Dispo	orm are intly valid	not re	quired to control	respond u number.		on containe form display		474 (9-02)
1. Title of Derivative Security (Instr. 3)		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transact	5. Nu Deriv Secur Acqu	mber of ative ities red (A) sposed of 3, 4,	cquirects, opti	n this f a curre d, Dispo ions, co	orm are intly valid used of, or nvertible surcisable and	Beneficial	quired to control icially Ow ties)	o respond unumber. wned d Amount ying	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	Ownersh Form of Derivativ Security: Direct (D or Indirect) (I)	11. Natur of Indirec Beneficia Ownershi (Instr. 4)
1. Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transact	5. Nu Deriv Secur Acqu or Di (D) (Instr	mber of ative ities red (A) posed of 3, 4,	equirects, opti 6. D Exp (Mo	n this facurrent acurrent acur	orm are intly valid used of, or nvertible s recisable an Date i/Year)	Benefi securit	quired to control ficially Ow ties) 7. Title an of Underly Securities	o respond unumber. wned d Amount ying	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownersh Form of Derivativ Security: Direct (D or Indirect	11. Natur of Indirec Beneficia Ownershi (Instr. 4)

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Barzilai Nir Yacov C/O COHBAR, INC. 1455 ADAMS DRIVE, SUITE 2050 MENLO PARK, CA 94025	X				

Signatures

/s/ Jeffrey F. Biunno, Attorney-in-fact for Nir Barzilai	04/28/2021
Signature of Reporting Person	Date

Explanation of Responses:

- * 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).
- (1) Shares subject to the option shall vest over 48 successive equal installments (rounded down to the nearest whole share, except for the last vesting installment) beginning April 26, 2021.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are no	ot required to respond unless the form displays a currently valid OMB number.