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INITIAL STATEMENT OF 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

1. Name and Address of Reporting Person *	2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol	
<u>Davis Jason</u>	<u>06/09/2025</u>	<u>FibroBiologics, Inc. [ FBLG ]</u>	
(Last) (First) (Middle)		4. Relationship of Reporting Person(s) to Issuer (Check all applicable)	5. If Amendment, Date of Original Filed (Month/Day/Year)
<u>C/O FIBROBIOLOGICS, INC.</u>		Director 10% Owner	
<u>455 E. MEDICAL CENTER BLVD., SUITE 300</u>		<input checked="" type="checkbox"/> Officer (give title below) Other (specify below)	
(Street)		<u>Chief Financial Officer</u>	
<u>HOUSTON, TX 77598</u>			6. Individual or Joint/Group Filing (Check Applicable Line)
(City) (State) (Zip)			<input checked="" type="checkbox"/> Form filed by One Reporting Person
			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)
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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			

Explanation of Responses:

Remarks:

Exhibit 24 Power of Attorney

No securities are beneficially owned.

/s/ Ruben A. Garcia, by Power of Attorney 06/10/2025

\*\* 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.

**LIMITED POWER OF ATTORNEY**

The undersigned, Jason D. Davis, understands that, from time to time, they are required to prepare, execute and file certain federal and state securities laws filings.

The undersigned hereby appoints and authorizes each of Ruben A. Garcia, General Counsel of FibroBiologics Inc., and Pete O’Heeron, Chief Executive Officer of FibroBiologics Inc., as the undersigned’s true and lawful attorney-in-fact, each with full power of substitution and full power to act alone, to:

- (1) prepare and sign in the name of and on behalf of the undersigned any and all forms and reports required to be filed pursuant to the Exchange Act of 1933 and the Securities Exchange Act of 1934 and the rules and regulations thereunder, including, but without limitation, Forms 3, 4 and 5 and Schedule 13D/G;
- (2) perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to complete and execute any such forms and filings, and timely file such forms with the United States Securities and Exchange Commission; and
- (3) take any other action of any type in connection with the foregoing which, in the opinion of the attorney-in-fact, may be of benefit to, in the best interest of, or legally required by, the undersigned, it being understood that the documents executed by such attorney-in-fact on behalf of the undersigned pursuant to this Limited Power of Attorney shall be in such form and shall contain such terms and conditions as such attorney-in-fact may approve in such attorney-in-fact’s discretion.

The undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever required, necessary, or proper to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as the undersigned might or could do if personally present, with full power of substitution (including appointing substitutes for themselves, for each other and for any successor to any attorney-in-fact hereunder) or revocation, hereby ratifying and confirming all that such attorney-in-fact, or such attorney-in-fact’s substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.

This Limited Power of Attorney shall remain in effect until the undersigned is no longer required to file forms with respect to the securities of FibroBiologics, Inc., unless earlier revoked by the undersigned in a signed and dated writing delivered to the foregoing attorney-in-fact.

Executed this 9th day of June, 2025.

/s/ Jason D. Davis

Jason D. Davis

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