

SECURITIES AND EXCHANGE COMMISSION

FORM 3

Filing Date: **2023-02-09** | Period of Report: **2023-02-09**
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REPORTING OWNER

REED STEVEN

CIK: **1229760**

Type: **3** | Act: **34** | File No.: **001-41390** | Film No.: **23606982**

Mailing Address
2843-122 PL. N.E.
BELLEVUE WA 98005

ISSUER

Bellevue Life Sciences Acquisition Corp.

CIK: **1840425** | IRS No.: **845052822** | State of Incorporation: **DE** | Fiscal Year End: **1231**
SIC: **6770** Blank checks

Mailing Address
10900 NE 4TH STREET,
SUITE 2300
BELLEVUE WA 98004

Business Address
10900 NE 4TH STREET,
SUITE 2300
BELLEVUE WA 98004
425-635-7700

FORM 3**UNITED STATES SECURITIES AND
EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVALOMB Number: 3235-0104
Expires: 02/28/2011
Estimated average burden
hours per response 0.5**INITIAL STATEMENT OF BENEFICIAL
OWNERSHIP OF SECURITIES**Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section
17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the
Investment Company Act of 1940

1. Name and Address of Reporting Person REED STEVEN (Last) (First) (Middle) 10900 NE 4TH STREET, SUITE 2300 (Street) BELLEVUE, WA 98004 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/ Year) 02/09/2023	3. Issuer Name and Ticker or Trading Symbol Bellevue Life Sciences Acquisition Corp. [BLAC] 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) ____ Director _____ 10% Owner ____ Officer (give title below) <u>X</u> Other (specify below) Director Nominee	5. If Amendment, Date Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check applicable line) <u>X</u> Form Filed by One Reporting Person ____ Form Filed by More than One Reporting Person
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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 of Derivative Security: 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			

Signatures/s/ Steven Reed

** Signature of Reporting Person

02/09/2023

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.