

# SECURITIES AND EXCHANGE COMMISSION

## FORM 3

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

**Roberts Rad**

CIK: **1953742**

Type: **3** | Act: **34** | File No.: **001-41390** | Film No.: **23607032**

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

### 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 APPROVAL**OMB 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 <b>Roberts Rad</b>  (Last) (First) (Middle) <b>10900 NE 4TH STREET, SUITE 2300</b>  (Street) <b>BELLEVUE, WA 98004</b>  (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/ Year) <b>02/09/2023</b>	3. Issuer Name and Ticker or Trading Symbol <b>Bellevue Life Sciences Acquisition Corp. [BLAC]</b>
4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer (give title below) <input checked="" type="checkbox"/> Other (specify below) <b>Director Nominee</b>		5. If Amendment, Date Original Filed (Month/Day/Year)
		6. Individual or Joint/Group Filing (Check applicable line) <input checked="" type="checkbox"/> Form Filed by One Reporting Person <input type="checkbox"/> 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 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/ Rad Roberts

\*\* 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.**