FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations

may continue. See

Instruction 1(b).

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

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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

(Print or Type	• •										ı					
1. Name and Address of Reporting Person* Schreiber Christopher C				2. Issuer Name and Ticker or Trading Symbol MyMD Pharmaceuticals, Inc. [MYMD]						5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner					
(Last) (First) (Middle) 1185 AVENUE OF THE AMERICAS, 3RD FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 04/16/2021						-	Officer (give	title below)	Othe	r (specify below	(1)	
(Street)				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					
NEW YO	RK,, NY 1	0036									_	Form fried by F	viole man One i	xeporting Ferson		
(City)		(State)	(Zip)				Table I - N	Non-De	rivative	e Securiti	es Acquir	ed, Disposed	of, or Benef	ficially Owne	d	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea				2A. Deemed Execution Date, if any (Month/Day/Year)		(Instr. 8)		(A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			Ownership or B	Beneficial	
			Code			V	Amou	(A) c	or	(Instr. 3 and 4)				Ownership (Instr. 4)		
Common Stock 04/16/		04/16/2021			М		131,7: (1)	⁷⁵⁰ A	(1) 1	34,351)			
Common Stock 04/16/2021		04/16/2021			F		46,111 (2)	.3 D	\$ 4.94	38,238	238)			
Reminder: Re	eport on a se	parate line for each	class of securities be	eneficially	y owr	ned di	irectly or in	ndirectly	y.							
								in this	form	are not	required t	collection of to respond of I number.				474 (9-02)
			Table II -				ies Acquir arrants, op					Owned				
1. Title of Derivative Security (Instr. 3)	2. 3. Transaction Conversion or Exercise Price of Derivative Security 3. Transaction (Month/Day/Y		3A. Deemed Execution Date, if	4. Transaction Code ar) (Instr. 8)		5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security	Securities Beneficially Owned Following Reported Transaction(s)	Ownersh Form of Derivativ Security: Direct (I or Indire s) (I)	Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exercis	sable D	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Restricted Stock Units	<u>(1)</u>	04/16/2021		М			131,750	<u>(3</u>	1	(3)	Commo Stock	1131750	\$ 0	0	D	

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Schreiber Christopher C 1185 AVENUE OF THE AMERICAS, 3RD FLOOR NEW YORK,, NY 10036	X						

Signatures

/s/ Christopher C. Schreiber	04/21/2021
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) Each restricted stock unit ("RSU") represents a contingent right to receive one share of common stock of MyMD Pharmaceuticals, Inc. (the "Company").
- (2) Represents 46,113 shares of RSUs withheld to pay the reporting person's tax withholding obligations incurred in connection with the vesting of 131,750 shares of RSUs on April 16, 2021.
- (3) On September 11, 2020, the reporting person was granted 131,750 RSUs of the Company, which vested on April 16, 2021, upon the occurrence of a change in control.

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 not required to respond unless the form displays a currently valid OMB number.