FORM	4
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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 Responses)												
1. Name and Address of Repo Chapman Christopher C	2. Issuer Name and MyMD Pharmac			- ·		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_Director10% Owner						
(Last) (F 855 N. WOLFE STREE	^{irst)} Γ, SUITE 62	22	3. Date of Earliest Tr 10/14/2021	ransaction (1	Month	n/Day/Yea	ır)	X_Officer (give title below) Other (specify below) President, Chief Med. Officer				
(S BALTIMORE, MD 212		4. If Amendment, Da	ate 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) (S	tate)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		Code (Instr. 8)	Code (A) or Disposed of (D)			f (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form:	7. Nature of Indirect Beneficial	
			(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(<i>e.g.</i> , puts, calls, warrants, options, convertible securities)														
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code	tion	5. Number Derivative Securities Acquired (or Dispose (D) (Instr. 3, 4) and 5)	A) d of	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form of Derivative Security: Direct (D) or Indirect (I)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)		Exercisable	Expiration Date		Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Restricted Stock Units	<u>(1)</u>	10/14/2021		А		600,000		<u>(2)</u>	<u>(2)</u>	Common Stock	600,000	\$ 0	600,000	D	

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Chapman Christopher C JR 855 N. WOLFE STREET, SUITE 623 BALTIMORE, MD 21205	Х		President, Chief Med. Officer					

Signatures



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").

The RSUs vest as follows: (i) 33% if the Company's market capitalization equals or exceeds \$500,000,000 for at least 10 trading days during any 20 consecutive trading day period ending on or after December 15, 2021 (the "Required Period") and the fair market value (the "FMV") of the common stock equals or exceeds \$5.00, subject to standard adjustments (the "Minimum Share Value") during such Required Period, (ii) 33% if the Company's market capitalization equals or exceeds \$750,000,000 for the Required Period at the Minimum Share Value; period at the Company's market capitalization equals or exceeds \$750,000,000 for the Required Period at the Minimum Share Value; provided that the RSUs shall vest immediately upon the occurrence of a change in control that values the Company's common stock at least \$500,000,000, provided that the Reporting Person is providing services to the Company on the closing date of such 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.