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

OMB APPROVAL
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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	e Responses)															
Name and Address of Reporting Person Kaplin Adam				2. Issuer Name and Ticker or Trading Symbol MyMD Pharmaceuticals, Inc. [MYMD]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
855 N. WOLFE STREET, SUITE 623				3. Date of Earliest Transaction (Month/Day/Year) 10/14/2021								X_ Officer (give title below) Other (specify below) Chief Scientific Officer				
(Street) BALTIMORE, MD 21205				4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person				
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu						ies Acquire	ired, Disposed of, or Beneficially Owned					
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deer Execution any (Month/I	n Date	if Cod (Ins	(Instr. 8)		4. Securities A (A) or Dispose (Instr. 3, 4 and		of (D) Owned Follow				Ownership Form: Direct (D)	Beneficial Ownership	
					C	Code	V	Amou	(A) or (D)	Price			(or Indirect (In (I) (Instr. 4)	(Instr. 4)	
								in this a curr ed, Disp	s form rently posed	are not a valid OM	required t B control eficially O	o respond number.		ion containe form displa		474 (9-02)
1 7711 6	I.	2 55 .:		(e.g., puts						tible secu		1.4	0 D : C	0.37 1	2 10	11. 37.
1. Title of Derivative Security (Instr. 3)			3A. Deemed Execution Date, if any (Month/Day/Year)	f Transaction I Code r) (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		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)		Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exercis		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Restricted Stock Units	<u>(1)</u>	10/14/2021		A	6	00,000		<u>(2</u>	2)	(2)	Commo Stock	n 600,000	\$ 0	600,000	D	

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	Director Officer Officer		Other				
Kaplin Adam 855 N. WOLFE STREET, SUITE 623 BALTIMORE, MD 21205			Chief Scientific Officer					

Signatures

/s/ Adam Kaplin	10/15/2021
**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").

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, and (iii)

(2) the remainder if the Company's market capitalization equals or exceeds \$1,000,000,000 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

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Company on the closing date of such change in control.

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.