FORM 4

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

OMB APPROVAL
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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).

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 Ty	pe Response	s)												
1. Name and Address of Reporting Person * Silverman Joshua			2. Issuer Name and Ticker or Trading Symbol MyMD Pharmaceuticals, Inc. [MYMD]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner					
(Last) (First) (Middle) 855 N. WOLFE STREET, SUITE 623				3. Date of Earlies 11/24/2021	3. Date of Earliest Transaction (Month/Day/Year) 11/24/2021					Office	r (give title belo	w)	Other (specify	below)
(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 Person _ Form filed by More than One Reporting Person					
(City) (State) (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)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership Form:	7. Nature of Indirect Beneficial Ownership	
			(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 a	ina 4)		Direct (D) or Indirect (I) (Instr. 4)		
Common Stock		11/24/2021		P		6,734	A	\$ 6.2991 (1)	80,509		D			
Common Stock		11/24/2021		P		3,266	A	\$ 7.0937	83,775		D			
Common Stock		11/26/2021		P		5,000	A	\$ 7.5543	88,775		D			
Reminder:	Report on a s	separate line f	or each class of secu	urities beneficially of	owned direc	tly o	r indirectl	у.						
						cor	ntained i	n this	form are	not requ	tion of inf ired to res OMB cont	spond unle	ess	2 1474 (9-02)
			Table II -	Derivative Securi						ly Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transactic Date (Month/Day	/Year) Execution D	4.	5.	6. I and (M	6. Date Exercisable and Expiration Date (Month/Day/Year) 7. A U U Si (I		7. Ti e Amo Und Secu	itle and bunt of erlying irities r. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owner Form of Deriva Securit Direct or Indi	Ownershi (Instr. 4) (D) rect
				Code V	(A) (D)		te ercisable	Expira Date	rition Title	Amount or Number of Shares				

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Silverman Joshua 855 N. WOLFE STREET, SUITE 623 BALTIMORE, MD 21205	X					

Signatures

/s/ Joshua Silverman	11/29/2021
**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).
- The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$5.97 to \$6.96, inclusive. The reporting
- (1) person undertakes to provide to MyMD Pharmaceuticals, Inc. (the "Company"), any security holder of the Company, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnotes (1), (2), and (3) to this Form 4.
- (2) The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$6.97 to \$7.17, inclusive.
- (3) The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$7.07 to \$7.70, inclusive.

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.