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

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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

						Rela	ations	ships							
Reporting	g O	wners													
				Code V	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares				
	Derivative Security				Acqu (A) o Dispo of (D (Instr 4, and	or osed				4)			Following Reported Transaction(s) (Instr. 4)	Direct (I or Indire	O) ct
Security or Exe Price of	ersion ercise of	3. Transaction Date (Month/Day/Y	Execution Dat Year) any	e, if Transaction Code (Instr. 8)	of Deriv	Number a		and Expiration Date (Month/Day/Year) An Un Sec		Amo Undo Secu	tle and unt of Derivative Security (Instr. 5)			Ownership Form of	11. Naturo of Indirec Beneficia Ownershi (Instr. 4)
				Derivative Securi 2.g., puts, calls, w							ly Owned			1	
Reminder: Report	on a se	eparate line for	r each class of securi	ties beneficially o	wned		Perso	ons wh ained i	no respon n this for	m are	not requ		ormation spond unles trol number	s	1474 (9-02)
Common Stock	k		10/01/2020			P		6,000		\$ 2.1	47,248			D	
					C	Code	V	Amour	nt (A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execution Date, if Code		de	(A) or Disposed of			of	5. Amount of Securities Beneficially Owned Follo Reported Transaction(s) (Instr. 3 and 4)		following (s)	Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqui						ired, Disposed of, or Beneficially Owned					
(Street) HANOVER, MD 21076				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				
(Last) (First) (Middle) C/O PROCESSA PHARMACEUTICALS, INC., 7300 COCA COLA DRIVE, SUITE 106				3. Date of Earliest Transaction (Month/Day/Year) 10/01/2020							X_ Office	er (give title bel Chie	ow) Of Financial O	other (specify b fficer	elow)
Name and Address of Reporting Person *  Stanker James H				2. Issuer Name and Ticker or Trading Symbol Processa Pharmaceuticals, Inc. [PCSA]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Print or Type Resp	ponses)	)													

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Stanker James H C/O PROCESSA PHARMACEUTICALS, INC. 7300 COCA COLA DRIVE, SUITE 106 HANOVER, MD 21076			Chief Financial Officer			

# **Signatures**

/s/ James H. Stanker by Michael B. Kirwan, as Attorney-in-Fact	10/05/2020
**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).

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.