FORM 4
--------

Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

(Print or Type Responses)

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

#### 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

1. Name and Address of Reporting Bigora Sian	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				
(Last) (First) C/O PROCESSA PHARMA INC., 7380 COCA COLA D	CEUTICALS,	3. Date of Earliest Transaction (Month/Day/Year) 06/08/2021						X_Officer (give title below)Other (specify below)Oth			
(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 PersonForm 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)	Execution Date, if	(Instr. 8)		4. Securit (A) or Di (Instr. 3, Amount	(A) or	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number. SEC 1474 (9-02)

### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (a.g., put, calls warrants actions convertible convertible)

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.				6. Date Exercisable		7. Title and Amount		8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	ion	of		and Expiration Date		of Underlying		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Derivat	ive	(Month/Day/Year)		Securities		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Securiti	es	,		(Instr. 3 and 4)		(Instr. 5)	Beneficially	Derivative	Ownership
ì	Derivative		· · · ·			Acquire	d					. ,	Owned	Security:	(Instr. 4)
	Security					(A) or								Direct (D)	
	2					Dispose	d					Reported	or Indirect		
						of (D)							Transaction(s)	(I)	
						(Instr. 3	. 4.						(Instr. 4)	(Instr. 4)	
						and 5)							` ´	`´´	
						-					Amount				
								Date	Expiration Date	T:41-	or Number				
								Exercisable	Date		Number				
				Cala	v	$(\Lambda)$	(D)				of				
				Code	v	(A)	(D)				Shares				
Restricted										G					
Stock	\$ 0	06/08/2021		А		8,127		(1)	(1)	Common	8,127	\$ 0	8,127	D	
	φŪ	00/00/2021		11		0,127				Stock	0,127	Ψ0	0,127	D	
Units															

## **Reporting Owners**

	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
Bigora Sian C/O PROCESSA PHARMACEUTICALS, INC. 7380 COCA COLA DRIVE, SUITE 106 HANOVER, MD 21076			Chief Development Officer						

### Signatures

/s/ Sian Bigora by Michael B. Kirwan, as Attorney-in-Fact	06/10/2021
**Signature of Reporting Person	Date

# **Explanation of Responses:**

<sup>\*</sup> 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 represents a contingent right to receive one share of the Issuer's common stock upon the earliest of: termination of employment; the third anniversary of the award date; a change of control; or the reporting person's death.

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.