### 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

(Print or Typ	e Responses	s)																		
1. Name and Address of Reporting Person * Floyd Robert Michael					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) (Middle) C/O PROCESSA PHARMACEUTICALS, INC., 7380 COCA COLA DRIVE, SUITE 106				06/2	3. Date of Earliest Transaction (Month/Day/Year) 06/22/2021								X Officer (give title below) Other (specify below)  Chief Operating Officer							
(Street) HANOVER, MD 21076				4. If	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)			Т	able I - N	on-D	erivative	Secur	ities A	cqui	ired, Dispo	osed of, or I	Beneficial	ly Ow	ned		
1.Title of Security (Instr. 3)		Date	Date Exec Month/Day/Year) any		xecution Date, if				1 4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5) (A) or Amount (D) I		d of (D	(D) Beneficial Reported (Instr. 3 as		tt of Securities lly Owned Following Transaction(s) nd 4)		Ownership Form: Direct (D)		7. Natu ndirec Benefi Owner Instr.	ct cial ship	
Common	Stock		06/22	/2021				P		2,000	A	\$ 7.02	.92	28,000			D			
Common	Stock													103,851			Ι	(	oy El Onco Inc.	ion logy,
Reminder: F	Report on a s	eparate line	for each	Table II	- Deriv	ative Sec	curi		Pe co the	ersons whentained in tained in the form diental Disposed	ho resin this	s form s a cu Benefi	are irrer iciall	not requ	ction of inf iired to res OMB conf	spond un	less	SEC	1474	(9-02)
(Instr. 3)		3. Transacti Date (Month/Day		3A. Deemec Execution D any (Month/Day	l Date, if	4. Transac Code	tion	5. Number of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. an (N	ate exercisable	rcisabl ion Da	e te	7. Ti Amo Unde Secu (Instr 4)	Amount or Number of Shares	8. Price of Derivative Security (Instr. 5)	9. Numbo Derivativ Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s illy	10. Owners Form of Derivat Security Direct ( or Indir (I) (Instr. 4	hip of B ive C (I	1. Naturr f Indirec Geneficia Ownershi Instr. 4)
Repor	ting O	wners									ı									

## **Signatures**

Floyd Robert Michael

HANOVER, MD 21076

Reporting Owner Name / Address

C/O PROCESSA PHARMACEUTICALS, INC.

7380 COCA COLA DRIVE, SUITE 106

/g/Michael Floyd by Michael D. Vimyon, as Attornay in Fact	
/s/ Michael Floyd by Michael B. Kirwan, as Attorney-in-Fact	06/22/202

Chief Operating Officer

Relationships

Officer

Other

10%

Owner

Director

**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.