## FORM 4

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

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

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

	pe Response	3)												
1. Name and Address of Reporting Person* Lin Patrick				2. Issuer Name and Ticker or Trading Symbol Processa Pharmaceuticals, Inc. [PCSA]					Direc	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)Director10% Owner				
(Last) (First) (Middle) C/O PROCESSA PHARMACEUTICALS, INC., 7380 COCA COLA DRIVE, SUITE 106				3. Date of Earliest Transaction (Month/Day/Year) 08/26/2021					X_Offi	cer (give title bel Chief E	ow) Business - Str	Other (specify rategy Off	pelow)	
HANOV	ER, MD 2	(Street)		4. If Amendmen	t, Date Origi	inal File	ed(Month	n/Day/Yea	nr)	_X_ Form f	lual or Joint/ iled by One Repo led by More than	orting Person		ble Line)
(City	′)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Benefici				Beneficially	ally Owned					
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		f Code (Instr. 8)	(.	(A) or Disposed of (D) (Instr. 3, 4 and 5)		Beneficially Owned Following Reported Transaction(s)		Following	6. Ownership Form:	Beneficial		
				(Month/Day/Yea	Code	V	Amount	(A) or (D) Price			(Instr. 3 and 4)		\ /	Ownership (Instr. 4)
Commor	n Stock		08/26/2021		P	4	4,000	A	\$ 6.022 (1)	2 422,89	0		D	
Keminder:	Report on a s	separate fine ic	or each class of secu	filles beneficially	owned direc	uy or ii	lairectiv	y.						
				Derivative Secur		Perso conta the fo	ons whained in orm dis	o responding this for this for the splays of, or B	form a a curi enefici	are not req rently valid	ection of inf uired to res d OMB con	spond unle	ess	1474 (9-02)
1. Title of	2.	3. Transactio		Derivative Securive, puts, calls, v		Perso conta the fo ed, Dis	ons whained in orm dis	o respontis for this for B	form a a curi enefici curitie	are not req rently valid	uired to res	spond unle	ess er.	1474 (9-02)
	2. Conversion or Exercise Price of Derivative Security		n 3A. Deemed Execution Day	(e.g., puts, calls, v	yarrants, op 5.	Perso conta the fo ed, Dis otions, o 6. Dat and E (Monta	ons whained in orm dis	o responding this for Bottible security of the	form a a current ceneficicuritie	rently validation of the control of	uired to res	spond unle trol numbe	of 10. Owners Form or Security Direct ( or Indir	11. Natur of Indirect Beneficia Ownersh (Instr. 4)

#### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Lin Patrick C/O PROCESSA PHARMACEUTICALS, INC. 7380 COCA COLA DRIVE, SUITE 106 HANOVER, MD 21076			Chief Business - Strategy Off			

### **Signatures**

/s/ Patrick Lin by Michael B. Kirwan, as Attorney-in-Fact	08/30/2021
**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. The shares were purchased in multiple transactions at prices ranging from \$5.92 to \$6.1099, inclusive. The (1) Reporting Person undertakes to provide, Processa Pharmaceuticals, Inc. (the "Company") any security holder of the Company, or the staff of the Securities & Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth herein.

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.