## FORM 4

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

OWR APPR	ROVAL
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

(France or Type	e Responses)													
Name and Address of Reporting Person * Guy Wendy		I	2. Issuer Name and Ticker or Trading Symbol Processa Pharmaceuticals, Inc. [PCSA]				5. 1	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		CALS,	3. Date of Earliest Transaction (Month/Day/Year) 12/31/2021				X	Officer (g	ive title below) Chief Ad		r (specify below)	)		
(Street) HANOVER, MD 21076			4	4. If Amendment, Date Original Filed(Month/Day/Year)				_X_	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)		1	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned			ed					
1.Title of Sec (Instr. 3)	curity	1	Date Month/Day/Year)	2A. Deemed Execution D any (Month/Day.	ate, if	3. Trans Code (Instr. 8)	(A)	ecurities Accor Disposed tr. 3, 4 and 5  (A) or ount (D)	of (D) Ow Tra (Ins		,	ed OFFO	ownership of orm: Direct (D) r Indirect (In	Nature f Indirect eneficial wnership nstr. 4)
Reminder: Re	eport on a seg						contained		rm are not	required	to respon	d unless the		74 (9-02)
Reminder: Re	eport on a se			Derivative S			contained form disp	d in this fo plays a cur ed of, or Ber	rm are not rently valid neficially O	required d OMB co	to respon	d unless the		74 (9-02)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction	3A. Deemed Execution Date,	4. if Transaction Code	5. lon of De Sec Ac (A) Dis of (In		contained form disp	d in this foolays a cur ed of, or Ber ertible securcisable ion Date	rm are not rently valid neficially O	required d OMB co wned l Amount ing	to respond ontrol num	d unless the	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirec Beneficia Ownershi (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	3A. Deemed Execution Date, in	e.g., puts, ca 4. Transactic Code arr) (Instr. 8)	5. lon of De Sec Ac (A) Dis of (In	Number rivative curities quired or spoosed (D) str. 3, 4,	contained form disp red, Dispose ptions, conv 6. Date Exe and Expirati	d in this fo olays a cur ed of, or Ber ertible securcisable ion Date //Year)	rm are not rently valid reficially Or rities)  7. Title and of Underly Securities (Instr. 3 an	required d OMB co wned l Amount ing	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirec Beneficia Ownershi (Instr. 4)

#### **Reporting Owners**

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

### **Signatures**

/s/ Wendy Guy by Michael B. Kirwan, as Attorney-in-Fact	01/04/2022
**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).
- (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.