FORM 4

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 Type	responses)														
Name and Address of Reporting Person* Bigora Sian				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				3. Date of Earliest Transaction (Month/Day/Year) 12/31/2021						X	Officer (g	Chief D	Otlevelopment C	er (specify belo	ow)
(Street) HANOVER, MD 21076				4. If Amendment, Date Original Filed(Month/Day/Year) 01/04/2022						_X_	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 Acqu				es Acquired	uired, Disposed of, or Beneficially Owned						
1.Title of Sec (Instr. 3)	(Instr. 3) Date		2. Transaction Date Month/Day/Year)	Execution Date, if Co		f Cod (Ins	ode (4. Securities Acquire (A) or Disposed of (I (Instr. 3, 4 and 5) (A) or		5. Amount of Securities Bene Owned Following Reported Transaction(s) (Instr. 3 and 4)		d Ow For Dir	Ownership Form: Direct (D) or Indirect	Beneficial Ownership
						С	ode	V Am	ount (D)	Price				(Instr. 4)	
									d in this fo	rm are not	required		d unless th	е	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date,	4. Transact	scalls, we state the state of t	Number of the control of the court of the co	ber ive es ed	containe form dis	d in this for plays a cure of, or Berevertible secuercisable tion Date	rm are not rently valid	required i OMB co	ontrol num	9. Number o	f 10. Ownersh Form of Derivativ Security Direct (I or Indire	Ownersh (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, any	4. Transact	tion of D A (A Of CI I I I I I I I I I I I I	Number of Number	ber ive es ed	containe form dis red, Dispos ptions, con 6. Date Exc and Expira	d in this fo plays a cur ed of, or Ber vertible secu- ercisable tion Date y/Year)	rm are not rently valid neficially Overities) 7. Title and of Underly: Securities (Instr. 3 and	required i OMB co	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transactions	f 10. Ownersk Form of Derivatii Security Direct (I or Indire s) (I)	of Indire Benefici Ownersh (Instr. 4)

	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	01/06/2022
**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.
- (2) This Amendment is being filed to correct the balance in Box 9 this should have reflected a cumulative balance.

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.