FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|
| OMB Number: 3235- | | | | | | | |
| 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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Stanker James H | | | | | 2. Issuer Name and Ticker or Trading Symbol Processa Pharmaceuticals, Inc. [PCSA] | | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Ow | | | | ner | |
|--|--|--|---|-------------|---|---|--|----------------------------|--|--|------------------|--|---|--|--|--|---|--|--|--|
| (Last) | (First) | , | /liddle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/30/2022 | | | | | | | X | Officer (gi | | Other (specify below) | | pecify | | |
| C/O PROCESSA PHARMACEUTICALS, INC. | | | | | | | | | | | | | | | Chief Financial Officer | | | | | |
| 7380 COCA COLA DRIVE, SUITE 106 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| | | | | | 10/03/2022 | | | | | | | | X | _ · · · · | | | | | | |
| (Street) HANOVER | MD | 2 | 1076 | | | | | | | | | | | | Form filed | d by More t | than O | ne Reporting | g Person | |
| (City) | (State |) (Z | ľip) | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| Date | | | | h/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction I Code (Instr. | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 a | | | Securities Beneficially Following F | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | | Direct (D) irect (I) 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) Price | | (Instr. 3 and 4) | | | | (111501.4) | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Co | Transaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Co | ode | v | (A) | (D) | Date Exercisal | | xpiration ate | Title | | Amount or Number of Shares | | (Instr. 4) | on(S) | | | |
| Restricted Stock Units | \$0 | 09/30/2022 | | | A | | | 12,950 | (1) | | (1) | ı | nmon ock | 12,950 | \$0 | 339,663 | (2) | D | | |

Explanation of Responses:

- 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. Previous filing inadvertently underreported derivative securities beneficially owned by the reporting person.

/s/ James H. Stanker by Michael B. Kirwan, as Attorney-in-Fact

10/05/2022

** Signature of Reporting Person

Date

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

- * 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.

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 Number.