# FORM 4

# Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

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#### 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

Name and Address of Reporting Person * Young David			2. Issuer Name and Ticker or Trading Symbol Processa Pharmaceuticals, Inc. [PCSA]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director _X_ 10% Owner						
(Last) (First) (Middle) C/O PROCESSA PHARMACEUTICALS, INC., 7380 COCA COLA DRIVE, SUITE 106			3. Date of Earliest Transaction (Month/Day/Year) 06/30/2022					X	X Officer (give title below) Other (specify below)  Chief Executive Officer						
(Street) HANOVER, MD 21076			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 PersonForm filed by More than One Reporting Person				)	
(City) (State) (Zip)			(Zip)	Table I - Non-Derivative Securities Acqu					es Acquired	ired, Disposed of, or Beneficially Owned					
1.Title of Sec (Instr. 3)	curity	1	2. Transaction Date [Month/Day/Year]	2A. Deem Execution any (Month/D	Date, i	(Instr	,	(A)	courities Acquired Disposed r. 3, 4 and 5	Of (D) Own Tran (Ins			d ( F I c	ownership orm: B orect (D) O r Indirect (I	eneficial wnership
Reminder Pa	enort on a se	narate line for each													
Reminder: Re	eport on a se	parate line for each	Table II -	Derivative	e Securi	ties Ac	quir	Persons v contained form disp ed, Dispose	l in this for lays a curr d of, or Ben	ently valid	required OMB co	to respond	d unless the	SEC 14	74 (9-02)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date	Table II -	Derivative (e.g., puts,  4. Transac Code	e Securi calls, v 5. of Se 8) Ad or of (In	ities Ac	equire ets, oper tive s (A)	Persons v contained form disp ed, Dispose otions, conv 6. Date Exe	I in this for lays a curred of, or Benertible securions on Date	m are not ently valid	required OMB coorned Amount ing	to respond	d unless the	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownershi (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II -  3A. Deemed Execution Date,	Derivative (e.g., puts,  4. Transac Code	e Securicalls, we see Securicalls, we see Securicalls, we see Securical Secu	Number Deriva Deriva Coquired Dispos (D) str. 3, 4	quires, opper tive (A) (A) (A) (A) (A)	Persons of contained form disposed, Disposed tions, conv. 6. Date Executed and Expirate	I in this for lays a curring d of, or Benertible securcisable ion Date y/Year)	rm are not rently valid reficially Owrities)  7. Title and of Underly Securities	required OMB coorned Amount ing	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownershi (Instr. 4)

### **Reporting Owners**

		Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Young David C/O PROCESSA PHARMACEUTICALS, INC 7380 COCA COLA DRIVE, SUITE 106 HANOVER, MD 21076	X	X	Chief Executive Officer				

## **Signatures**

/s/ David Young by Michael B. Kirwan, as Attorney-in-Fact	07/05/2022
**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.