

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

OMB APPROVAL				
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INITIAL STATEMENT OF 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

HANOVER, MD 21076 (City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned 1. Title of Security (Instr. 4) 2. Amount of Securities Beneficially Owned (Instr. 4) 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	(Print or Type Responses)						
(Last) (First) (Middle) (C/O PROCESSA PHARMACEUTICALS, INC., 7300 COCA COLA DRIVE, SUITE 106 (Street) (Street) (City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned (Instr. 4) (Last) (First) (Middle) (Check all applicable) (C	1 &	Statement (Month/Day/Year) Processa Pharmaceuticals, Inc. [PCSA]					
HANOVER, MD 21076 (City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned 1. Title of Security (Instr. 4) 2. Amount of Securities Beneficially Owned (Instr. 4) (Instr. 4) (Instr. 5) (Individual or Joint/Group Filing Content of Applicable Line) Applicable Line) X_ Form filed by More Reporting Person Form filed by More than One Reporting Person Form fi	C/O PROCESSA PHARMACEUTICALS, INC., 7300 COCA COLA DRIVE, SUITE 106	-0//11/2022	Issuer (Check all applicable) _X_ Director 10% Owner Officer (give title Other (specify below)		Filed(Mont	Filed(Month/Day/Year)	
1. Title of Security (Instr. 4) 2. Amount of Securities Beneficially Owned (Instr. 4) 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	, , ,				Applicable L _X_ Form fil		
(Instr. 4) Beneficially Owned (Instr. 4) Beneficially Owned (Instr. 5) (D) or Indirect (I) (Instr. 5)	(City) (State) (Zip)	Т	Table I - Non-Derivati	ve Securities Ben	eficially O	wned	
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473	•	Beneficia	ally Owned F	Form: Direct (Instr D) or Indirect I)		ct Beneficial Ownership	
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 control number. Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)	Persons who respond unless the form displ	d to the collection of info ays a currently valid OM	ormation contained in th IB control number.	•			
(Instr. 4) and Expiration Date (Month/Day/Year) and Expiration Date (Month/Day/Year) Security (Instr. 4) and Expiration Date (Securities Underlying Derivative Security (Instr. 4) or Exercise Price of Derivative Security: Direct Ownership (Instr. 5)	(Instr. 4)	nd Expiration Date Secur Secur Secur	rities Underlying Derivative rity	or Exercise Price of Derivative Security (D)	Form of Derivative Security: Direct D) or Indirect I)	<u> </u>	
Date Expiration Amount on Number of							

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Baluch Khoso C/O PROCESSA PHARMACEUTICALS, INC. 7300 COCA COLA DRIVE, SUITE 106 HANOVER, MD 21076	X				

Signatures

/s/ Khoso Baluch by Neda Sharifi, as Attorney-in-fact	07/11/2022
Signature of Reporting Person	Date

Explanation of Responses:

No securities are beneficially owned

- * If the form is filed by more than one reporting person, see Instruction 5(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.

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.