# FORM 4

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

OMB APPROVAL
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

(Print or Ty	pe Response	s)		ı										
1. Name an Guy Wer		Reporting Per	rson*	2. Issuer Name Processa Pha			~ ,			Direct	(Che	oorting Perso	cable) 10% Owner	
	CESSA P		(Middle) EUTICALS, VE, SUITE 106	3. Date of Earlie 08/05/2022	ow) Administrativ	Other (specify ve Officer	below)							
HANOV	ER, MD 2	(Street)		4. If Amendmen	t, Date Ori	iginal F	iled(Month	/Day/Year)		_X_ Form fil	led by One Repo	Group Filing orting Person one Reporting		able Line)
(City		(State)	(Zip)	,	Γable I - N	lon-De	rivative S	Securitie	s Acqu	ired, Disp	osed of, or l	Beneficially	Owned	
1.Title of S (Instr. 3)	ecurity		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any	if Code (Instr.	saction	(A) or I	rities Acc Disposed 5, 4 and 5	of (D)	Beneficia Reported	nt of Securiti lly Owned F Transaction	Following	Form:	7. Nature of Indirect Beneficial
				(Month/Day/Yea	Code	e V	Amoun	(A) or (D)	Price	(Instr. 3 a	nd 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common	Stock		08/05/2022		M		7,601	A	(1)	189,528	3		D	
Common	Stock		08/05/2021		F		1,782	D	\$ 3.17	187,746	5		D	
Common	Stock									166,691			I	By CorLyst, LLC
Reminder:	Report on a s	separate line fo		Derivative Secur	ities Acqu	Person the	sons wh tained in form dis	o responding this found of the splays and of, or Ber	orm are curre	not requesting ntly valid	OMB con	formation spond unle trol numbe	ess	C 1474 (9-02)
1. Title of	2	3. Transaction		e.g., puts, calls, v	varrants, 5.		o, convert Date Exerc			itle and	8 Price of	9. Number	of 10.	11. Nature
	Conversion or Exercise Price of Derivative Security	Date (Month/Day/	Execution Da Year) any	te, if Transaction Code (Instr. 8)		and (Mo	Expirationth/Day/	n Date	Ame Und Seco	ount of lerlying urities tr. 3 and		Derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	Owner Form of Deriva Securit Direct or Indi	ship of Indirect Beneficial Ownership: ((D) rect (Ship)
				Code V	(A) (I			Expiration Date	on Title	Amount or Number of Shares				

# **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	08/09/2022	2																																				
**Signature of Reporting Person	Date		Ī																																			

### **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) Vesting of time-based restricted shares.

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.