## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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

1 Name or																
Name and Address of Reporting Person*  Floyd Robert Michael				2. Issuer Name and Ticker or Trading Symbol Processa Pharmaceuticals, Inc. [PCSA]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X Officer (give title below) Other (specify below)  Chief Operating Officer							
(Last) (First) (Middle) C/O PROCESSA PHARMACEUTICALS, INC., 7380 COCA COLA DRIVE, SUITE 106			08/16	3. Date of Earliest Transaction (Month/Day/Year) 08/16/2022									v)			
(Street)			4. If A	4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)  _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				ine)			
	ER, MD 2															
(City	)	(State)	(Zip)		7	able I -	Non-De	erivative S	Securitie	es Acq	uired, Dispo	osed of, or I	Beneficiall	y Owned		
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)				Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Beneficially Owned Following Reported Transaction(s)			Ownership Form:	India Bene	eficial		
				(Month/	n/Day/Year	Code	V	Amount	(A) or (D)	Price	(Instr. 3 an	a 4)	Direct (D) Ov or Indirect (In (Instr. 4)			ership r. 4)
Common	Stock		08/16/2022			G	V	7,000	D	\$ 0	63,930			D		
	Ct. 1										66,345			I		Elion cology,
Common	Stock														Inc.	
		separate line fo	or each class of secu		-		Per cor the	rsons wh ntained in form dis	no respo n this fo splays a	orm a	re not requently valid	ction of inf ired to res OMB cont	spond un	less		
		separate line f		Derivati	-	ties Acq	Per cor the	rsons what ntained in form dis	no responding this formal section that the section that t	orm a a curr eneficia	re not requently valid	ired to res	pond un	less		
Reminder:	Report on a s	3. Transaction Date	Table II - on 3A. Deemed Execution D	Derivati (e.g., pu 4. ate, if T	tive Securits, calls, v	ties Acq	Per cor the corting option and (M	rsons what ntained in form dis	no responding this for this for Bettible section bate	eneficienties  7. Ar Ur Se	re not requently valid	OMB cont	pond un	r of 10. Own Form Outly Deriv Secu Direct or In	ership of vative rity: ct (D) direct	

#### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Floyd Robert Michael C/O PROCESSA PHARMACEUTICALS, INC. 7380 COCA COLA DRIVE, SUITE 106 HANOVER, MD 21076			Chief Operating Officer			

#### **Signatures**

/s/ Michael Floyd by Michael B. Kirwan, as Attorney-in-Fact	08/23/2022
**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).

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.