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

(Print or Ty	pe Responses	s)														
Name and Address of Reporting Person * Downs Christopher				2. Issuer Name and Ticker or Trading Symbol CNS Pharmaceuticals, Inc. [CNSP]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) C/O CNS PHARMACEUTICALS, INC., 2100 WEST LOOP SOUTH, SUITE 900				3. Date of Earliest Transaction (Month/Day/Year) 11/13/2019						ĺ	X Officer (give title below) Other (specify below) Chief Financial Officer					v)
(Street) HOUSTON, TX 77027				4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person						
(Cit		(State)	(Zip)			Ta	ble]	I - Non-Der	ivative Securit	ies Acqui	red, Disp	osed o	of, or Benefi	icially Owne	d	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye			2A. Deemed Execution Date, if any (Month/Day/Year)		Date, if Co	(Instr. 8)		. Securities Acc A) or Disposed Instr. 3, 4 and 5	of (D)			ecurities Beneficially ng Reported		6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Cod	le V A	amount (D)	Price					(Instr. 4)	
Derivative Conversion Date			action 3A. Deemed Execution Date, if		(e.g., puts, calls, 4. 5. No Transaction Deriv Code Secu (Instr. 8) Acqu or Di (D)		in t a curities Acquired, I alls, warrants, option 5. Number of Derivative Securities Acquired (A) or Disposed of		chis form are not recurrently valid OMB Disposed of, or Benefits, convertible securitie e Exercisable and tition Date h/Day/Year)		ficially Owned		8. Price of Derivative Security	form display 9. Number of	of 10. Ownersl Form of	Beneficial Ownershij (Instr. 4)
				Code	V	(A)	, (D)	Date Exercisable	Expiration Date	Title	or Nun	ount nber		Transaction(s (Instr. 4)	(I) (Instr. 4)	
Option to purchase common stock (right to buy)	\$ 4	11/13/2019		A		300,000		(1)	11/13/2029	Comm	non 300),000	(2)	300,000	D	
Repor	ting O	wners														
					I	Relationship	ps									
Por	orting Own	er Name / Address			T											

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Downs Christopher C/O CNS PHARMACEUTICALS, INC. 2100 WEST LOOP SOUTH, SUITE 900 HOUSTON, TX 77027			Chief Financial Officer				

Signatures

/s/ Christopher Downs	11/13/2019
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) The stock options set forth in this table vest in four equal annual installments beginning on the first anniversary of the Transaction Date and are subject to the grantee's continued service to the Company on each vesting date.
- (2) The stock options were issued in connection with the reporting person's employment with the Company.

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.