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 Type Respon	ses)															
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)						
	(First) MACEUTICALS, DUTH, SUITE 900	(Middle) INC., 2100	3. Date of Earliest Transaction (Month/Day/Year) 02/05/2021					X Officer (give title below) Other (specify below) Chief Financial Officer								
HOUSTON, TX 77027			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							
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acqui				ired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year			ate, if (Trar Code Instr.	(A) or Di			posed of (D)		d Followin action(s)	ecurities Beneficially ng Reported		Form:	Beneficial
			(Mont)	Month/Day/Year)		Cod	e V	Amo	ount (A) or	r Price	(Instr.	(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
1. Title of Derivative Security (Instr. 3) 2.	3A. Deemed Execution Date, if	(e.g., puts, calls, wa 4. 5. Numb Transaction Derivati Code Securitie		Number of the control	es Acquired, Disposed of, or Errants, options, convertible so ber of 6. Date Exercisable and ve Expiration Date (Month/Day/Year)		d of, or Ben ertible secu sable and	rities) 7. Titl of Uno	control number.		8. Price of Derivative	9. Number of	of 10. Owners Form o	ive Owners y: (Instr. 4		
Security					nstr. 3,	4,	Date Expirat Exercisable Date		xpiration	Title		Amount or Number		Reported Transaction(s) (Instr. 4)	or India	ect
			Code	V	(A)	(D)	Exercisa	ble D	rate			of Shares				
Option to purchase common stock (right to buy)	02/05/2021		A	1:	31,000)	(1)	0	2/05/203	Com Sto		131,000	(2)	431,000) D	
Reporting (Owners															

	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	02/09/2021
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.