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

OMB APPR	ROVAL
OMB Number:	3235-0287
Estimated average	burden
hours per response	0.5

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

(Frince or Ty)	pe Responses	3)														
1. Name and Address of Reporting Person* Evans Carl Anthony  (Last) (First) (Middle) C/O CNS PHARMACEUTICALS, INC., 100 WEST LOOP SOUTH, SUITE 900			2. Issuer Name and Ticker or Trading Symbol CNS Pharmaceuticals, Inc. [CNSP]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)X_ Director10% Owner							
			3. Date of Earliest Transaction (Month/Day/Year) 07/15/2021							Of	fficer (give	e title below)	Oth	er (specify below)		
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 PersonForm filed by More than One Reporting Person							
(City		(State)	(Zip)	Table I - Non-Derivative Securities Acqu				es Acqui	uired, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	any	on D	Date, if (	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Owned Follow Transaction(s)		,		Ownership of Form:	Nature f Indirect eneficial
				(Month	/Day	/Year)	Cod	e V	Amount (A) or		(Instr. 3 and 4)			Direct (D) Ownership or Indirect (I) (Instr. 4)		
Reminder: I									s who respo						SEC 14	74 (9-02)
Reminder: I							•	in this display uired, Disp	form are not is a currently osed of, or Ben	required valid O eficially	d to res	spond ontrol n	unless the		ica SEC 14	.74 (9-02)
1. Title of	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transac Code	ts, ca	5. Numb of Deriv Securitie Acquired or Dispo of (D) (Instr. 3,	eants, per ative es d (A) osed	in this display	form are not is a currently osed of, or Ben onvertible seculus ercisable and Date	required valid O  eficially rities)  7. Title of Und Securi	omed Owned	espond ontrol n d amount	unless the umber.	9. Number of Derivative Securities Beneficially Owned Following Reported	of 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownersh (Instr. 4)
1. Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transac Code	ts, ca	5. Numb of Deriv Securities Acquired or Dispo of (D)	eants, per ative es d (A) osed	in this display	form are not ys a currently osed of, or Benonvertible securercisable and Date by/Year)	required valid O  eficially rities)  7. Title of Und Securi	Owned e and Adderlying ties 3 and 4	espond ontrol n d amount	8. Price of Derivative Security	9. Number Derivative Securities Beneficially Owned Following	of 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownersh (Instr. 4)

## Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Evans Carl Anthony C/O CNS PHARMACEUTICALS, INC. 100 WEST LOOP SOUTH, SUITE 900 HOUSTON, TX 77027	X					

## **Signatures**

/s/ Christopher Downs, Attorney-in-fact	07/16/2021
**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 on the earlier of the one-year anniversary of the date hereof or the date of the 2022 annual meeting, subject to the grantee's continued service to the Company on the vesting date.
- (2) The stock options were issued in connection with the reporting person's Board of Director services to 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.