| FORM 4 | 4 |
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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).     |
|                       |

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

### 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 and Address of Reporting Person –<br>Andraczke Andrzej           | 2. Issuer Name and<br>CNS Pharmaceu        |  |  | 0,    | 1                                     | 5. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br>X Director 10% Owner |       |   |  |                         |  |
|--|--|--|--|-------|---------------------------------------|--|-------|---|--|-------------------------|--|
| (Last) (First)<br>C/O CNS PHARMACEUTICALS,<br>WEST LOOP SOUTH, SUITE 900 | INC., 100                                  | 3. Date of Earliest Transaction (Month/Day/Year)<br>07/15/2021 |  |       |                                       |  |       | Officer (give title below) Officer (give title below)   | her (specify belo  | ow)                     |  |
| (Street)<br>HOUSTON, TX 77027  |  | 4. If Amendment, Date Original Filed(Month/Day/Year)           |  |       |                                       |  |       | 6. Individual or Joint/Group Filing(Check Applicable Line)<br>_X_Form filed by One Reporting Person<br>Form filed by More than One Reporting Person |  |                         |  |
| (City) (State)   | (Zip)                                      |  | Fable I - No   | on-De | d, Disposed of, or Beneficially Owned |  |       |   |  |                         |  |
| 1.Title of Security<br>(Instr. 3)  | 2. Transaction<br>Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year)    | 3. Transaction<br>Code (A) or Disposed of (D)<br>(Instr. 8) (Instr. 3, 4 and 5)<br>Code V Amount (D) Price |       |                                       | isposed o<br>4 and 5)<br>(A) or  | f (D) | 5. Amount of Securities Beneficially<br>Owned Following Reported<br>Transaction(s)<br>(Instr. 3 and 4)  | 6.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I)<br>(Instr. 4) | Beneficial<br>Ownership |  |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained SEC 1474 (9-02) in this form are not required to respond unless the form displays a currently valid OMB control number.

#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

| (e.g., puts, calls, warrants, options, convertible securities) |            |  |       |      |   |   |                            |   |                    |  |  |            |            |   |            |
|--|------------|--|-------|------|---|---|----------------------------|---|--------------------|--|--|------------|------------|---|------------|
|  | Conversion | 3. Transaction<br>Date<br>(Month/Day/Year) | · · · | Code | ) | 5. Numbo<br>of Deriva<br>Securitie<br>Acquired<br>or Dispos<br>of (D)<br>(Instr. 3,<br>and 5) | ative<br>s<br>l (A)<br>sed | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) So |                    | xercisable and 7. Title and Amount<br>n Date of Underlying<br>yay/Year) Securities |  |            |            | Derivative<br>Security:<br>Direct (D)<br>or Indirect<br>(I) | Beneficial |
|  |            |  |       | Code | v | (A)   |                            | Exercisable   | Expiration<br>Date | Title  | Amount<br>or<br>Number<br>of<br>Shares |            | (Instr. 4) | (Instr. 4)  |            |
| Option<br>to<br>purchase<br>common<br>stock                    |            | 07/15/2021                                 |       | А    |   | 32,000  |                            | <u>(1)</u>  | 07/15/2031         | Common<br>Stock  | 32,000                                 | <u>(2)</u> | 178,559    | D   |            |

# **Reporting Owners**

|   | Relationships |              |         |       |  |  |  |
|---|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address  | Director      | 10%<br>Owner | Officer | Other |  |  |  |
| Andraczke Andrzej<br>C/O CNS PHARMACEUTICALS, INC.<br>100 WEST LOOP SOUTH, SUITE 900<br>HOUSTON, TX 77027 | Х             |              |         |       |  |  |  |

### **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.