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).

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

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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 Responses)										
1. Name and Address of Reporting Pe Downs Christopher	2. Issuer Name a CNS Pharmace						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			
(Last) (First) C/O CNS PHARMACEUTICA WEST LOOP SOUTH, SUITE		3. Date of Earliest 11/19/2021	Transactio	on (N	Ionth/Day	/Year)	XOfficer (give title below) Other (specify below) Chief Financial Officer			
(Street) 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)	Table I - Non-Derivative Securities Acqu					ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)	Date (Month/Day/Year)	•	Code (Instr. 8)		A. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		l of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form:	Beneficial
		(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock	11/19/2021		Р		4,500	А	\$ 1.1537 (<u>1</u>)	146,500	D	

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

Persons who respond to the collection of information SEC 1474 (9-02) contained 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)															
1. Title of	2.	3. Transaction	3A. Deemed	4.	5			6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	n N	Jumbe	er	and Expiration Date		Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	0	f		(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Ľ	Deriva	tive			Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				S	lecurit	ties			(Instr	: 3 and		Owned	Security:	(Instr. 4)
	Security				A	Acquir	ed			4)			0	Direct (D)	
					· ·	A) or							1	or Indirect	
						Dispos							Transaction(s)	< / <	
						f(D)							(Instr. 4)	(Instr. 4)	
					· ·	Instr.	· · ·								
					4	, and	5)								
											Amount				
								Date	Expiration		or				
								Exercisable		Title	Number				
								LACICISADIC	Date		of				
				Code V	/ ((A)	(D)				Shares				

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	11/19/2021
**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).
- This transaction was executed in multiple trades at prices ranging from \$1.14 to \$1.155. The price reported above reflects the weighted average purchase price. The reporting (1) person hereby undertakes to provide upon upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.

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.