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					1			
1. Name and Address of Reporting Pe Downs Christopher	2. Issuer Name a CNS Pharmace			0.			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 Transaction (Month/Day/Year) 12/06/2021						X         Officer (give title below)         Other (specify below)           Chief Financial Officer         Other (specify below)		
(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)	(Zip)	Τa	able I - No	n-De	rivative S	Securi	ties Acqui	ired, Disposed of, or Beneficially Owned		
1.Title of Security (Instr. 3)	Date (Month/Day/Year)	Execution Date, if any	Code (Instr. 8)		A 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		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	12/06/2021		Р		5,000	А	\$ 0.9403 (1)	151,500	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		and Expiration Date Amoun		unt of	Derivative	Derivative	Ownership	of Indirect			
Security	or Exercise	(Month/Day/Year)	any	Code	0	f		(Month/Day/Year)		(Month/Day/Year)		(Month/Day/Year)		Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Ľ	Deriva	tive			Sec		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	12/06/2021
**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 \$0.9400 to \$0.947299. The price reported above reflects the weighted average purchase price. The (1) reporting 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.