FORM 4

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

OMB APPROVAL
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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 Ty	pe Response	s)															
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) Director 10% Owner					
(Last) (First) (Middle) C/O CNS PHARMACEUTICALS, INC., 2100 WEST LOOP SOUTH, SUITE 900					3. Date of Earliest Transaction (Month/Day/Year) 03/11/2022							X Officer (give title below) Other (specify below) Chief Financial Officer					
(Street) HOUSTON, TX 77027				4. If	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 Acquired, Disp							osed of, or Beneficially Owned					
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)			Code (Instr. 8)			(A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia Reported	nt of Securities ally Owned Following I Transaction(s)		Form:	7. Nature of Indirect Beneficial	
				(Mor	(Month/Day/Year)		Co	de	V	Amount	(A) or (D)	Price	(Instr. 3	nd 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common	Stock		03/11/2022				A	1	:	33,000	A	\$ 0.31	184,50	0		D	
			Table II -					t quire	the fo	orm disposed o	plays a f, or Ber	curre neficia	ently valid	uired to re d OMB con	•		
1. Title of	2	3. Transaction		(<i>e.g.</i> , p	outs, call		arrants 5.				ible secu) Γitle and	8. Price of	9. Number	of 10.	11. Nature
	Conversion or Exercise Price of Derivative Security	Date (Month/Day/	Execution Da any	te, if Transaction Code Year) (Instr. 8)		7 7		6. Date Exercisable and Expiration Date (Month/Day/Year)		Am Un Sec	nount of derlying curities str. 3 and	Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form o Derivat Securit Direct or India	ship of Indirect Beneficial Ownership: (Instr. 4)		
					Code	V	(A) (D)		Date Exerc		Expiratio Date	on Tit	Amount or Number of Shares				
Repor	ting O	wners															

	Relationships						
Reporting Owner Name / Address		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	03/14/2022
**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).

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.