FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number:	3235-0287
Estimated average burden	
l.	0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1000-1(c). See III.	struction 10.			
		n*	2. Issuer Name and Ticker or Trading Symbol <u>CNS Pharmaceuticals, Inc.</u> [CNSP]	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner
(Last)	Name and Address of Reporting Personal Carl Anthony Last) (First) C/O CNS PHARMACEUTICALS 00 WEST LOOP SOUTH, SUIT Street) HOUSTON TX	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 09/21/2023	Officer (give title Other (specify below)
100 WEST LOOP SOUTH SHITE 000			4. If Amendment, Date of Original Filed (Month/Day/Year) 09/25/2023	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person
(Street)				
HOUSTON	TX	77027	_	
(City)	(State)	(Zip)		

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			Securities Beneficially Owned Following Reported	Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (In 8)		Derivativ Securitie Acquired Dispose	Derivative Expiration Date (Month/Day/Year) Acquired (A) or Disposed of D) (Instr. 3, 4		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Option to purchase common stock	\$1.09	09/21/2023		A		39,475		(1)	09/22/2033	Common Stock	39,475	(2)	45,428	D	

Explanation of Responses:

- 1. The stock options set forth in this table vest on the earlier of the one-year anniversary of the date of issuance or the date of the 2024 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.

Remarks:

This amendment is being filed solely to correct the number of shares of common stock underlying the reported option, and total number of derivative securities owned following the reported transaction.

/s/ Christopher Downs, Attorneyin-fact 10/12/2023

** Signature of Reporting Person Date

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

- * 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.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.