SEC	Form	4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

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 10b5-1(c). See Instruction 10.			
1. Name and Address of Reporting Person [*] <u>Climaco John M</u>			
	3. Date		

1. Name and Address of Reporting Person	2. Issuer Name and Ticker or Trading Symbol <u>CNS Pharmaceuticals, Inc.</u> [CNSP]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Climaco John M</u>		X Director 10% Owner					
(Last) (First) (Middle)	3. Date of Earliest Transaction (Month/Day/Year) 04/08/2024	X Officer (give title Other (specify below) below)					
C/O CNS PHARMACEUTICALS, INC.		Chief Executive Officer					
100 WEST LOOP SOUTH, SUITE 900	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Chroat)		X Form filed by One Reporting Person					
(Street) HOUSTON TX 77027		Form filed by More than One Reporting Person					
HOUSTON TX 77027							
(City) (State) (Zip)							

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	cution Date, Transaction ny Code (Instr.					5. Amount of Securities Beneficially Owned Following Reported	Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect 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)		Derivative Expirat		Expiration D			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		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	\$0.2586	04/08/2024		A		83,000		(1)	04/08/2034	Common Stock	83,000	(2)	476,533	D	
Restricted Stock Units	(3)	04/08/2024		А		83,000		(4)	(4)	Common Stock	83,000	(2)	559,533	D	

Explanation of Responses:

1. The options set forth in the table vest in 36 equal monthly installments over three years.

2. Issued in connection with the reporting person's employment with the Company.

3. Each restricted stock unit represents a contingent right to receive one share of Company common stock.

4. The restricted stock units set forth in the table vest in eight equal quarterly installments over two years.

s/ Christopher Downs, Attorney-	04/10/2024
n-Fact	04/10/2024

** 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.