

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

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**SCHEDULE 13G**

**Under the Securities Exchange Act of 1934**  
**(Amendment No. \_\_\_\_)\***

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**TFF Pharmaceuticals, Inc.**  
**(Name of Issuer)**

**Common Stock, par value \$0.001**  
**(Title of Class of Securities)**

**87241J104**  
**(CUSIP Number)**

**December 31, 2019**  
**(Date of Event which Requires Filing of this Statement)**

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Check the appropriate box to designate the rule pursuant to which this Schedule is filed:

☐ Rule 13d-1(b)

☐ Rule 13d-1(c)

☒ Rule 13d-1(d)

\* The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter disclosures provided in a prior cover page.

The information required on the remainder of this cover page shall not be deemed to be "filed" for the purpose of Section 18 of the Securities Exchange Act of 1934 ("Act") or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes).

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 CONTROL NUMBER.

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1.	NAMES OF REPORTING PERSONS  Lung Therapeutics, Inc.  I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (ENTITIES ONLY)  46-1383209	
2.	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (see instructions) (a) <input type="checkbox"/> (b) <input type="checkbox"/>	
3.	SEC USE ONLY	
4.	CITIZENSHIP OR PLACE OF ORGANIZATION  State of Texas	
NUMBER OF SHARES BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5.	SOLE VOTING POWER  4,000,000
	6.	SHARED VOTING POWER  0
	7.	SOLE DISPOSITIVE POWER  4,000,000
	8.	SHARED DISPOSITIVE POWER  0
9.	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON  4,000,000	
10.	CHECK IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES (see instructions)  <input type="checkbox"/>	
11.	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9)  21.7%	
12.	TYPE OF REPORTING PERSON (see instructions)  CO	

**Item 1.**

- (a) Name of Issuer  
TFF Pharmaceuticals, Inc.
- (b) Address of Issuer's Principal Executive Offices  
2600 Via Fortuna, Suite 360  
Austin, Texas 78746

**Item 2.**

- (a) Name of Person Filing  
Lung Therapeutics, Inc.
- (b) Address of the Principal Office or, if none, residence  
2600 Via Fortuna, Suite 360  
Austin, Texas 78746
- (c) Citizenship  
State of Texas
- (d) Title of Class of Securities  
Common Stock, par value \$0.001
- (e) CUSIP Number  
87241J104

**Item 3. If this statement is filed pursuant to §§240.13d-1(b) or 240.13d-2(b) or (c), check whether the person filing is a:**

Not applicable.

**Item 4. Ownership.**

Provide the following information regarding the aggregate number and percentage of the class of securities of the issuer identified in Item 1.

- (a) Amount beneficially owned: 4,000,000
- (b) Percent of class: 21.7%
- (c) Number of shares as to which the person has:
  - (i) Sole power to vote or to direct the vote 4,000,000.
  - (ii) Shared power to vote or to direct the vote 0.
  - (iii) Sole power to dispose or to direct the disposition of 4,000,000.
  - (iv) Shared power to dispose or to direct the disposition of 0.

**Item 5. Ownership of Five Percent or Less of a Class.**

If this statement is being filed to report the fact that as of the date hereof the reporting person has ceased to be the beneficial owner of more than five percent of the class of securities, check the following ☐.

**Item 6. Ownership of More than Five Percent on Behalf of Another Person.**

Not Applicable

**Item 7. Identification and Classification of the Subsidiary Which Acquired the Security Being Reported on By the Parent Holding Company.**

Not Applicable

**Item 8. Identification and Classification of Members of the Group.**

Not Applicable

**Item 9. Notice of Dissolution of Group.**

Not Applicable

**Item 10. Certification.**

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this statement is true, complete and correct.

January 13, 2020

\_\_\_\_\_  
Date

/s/ Brian Windsor

\_\_\_\_\_  
Signature

Brian Windsor, President and CEO

\_\_\_\_\_  
Name/Title