FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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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

1. Name and Person*		Requiri Statem	O	3. Issuer Name and Ticker or Trading Symbol TFF Pharmaceuticals, Inc. [TFFP]						
Lung Th	<u>nerapeut</u>	ics, Inc	1 '	(Month/Day/Year) 10/24/2019	4. Relationship of Relssuer	ing Person(s) to		5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Last) (First) (Middle) 2600 VIA FORTUNA, SUITE 360 (Street) AUSTIN TX 78746 (City) (State) (Zip)		0		(Check all applicable Director Officer (give title below)	e) X	10% Oth (spe	ecify	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person		
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)					2. Amount of Securi Beneficially Owned (Instr. 4)	ties	. 1 1		4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Common Stock					4,000,000		D			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
(Instr. 4) Expi (Mor		2. Date Exer Expiration D (Month/Day/ Date Exercisable	ate	or Nu of		convers or Exerc Price of Derivati Security		se Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	

Explanation of Responses:

LUNG THERAPEUTICS,

INC. /s/ J. Brian
Windsor, President

10/24/2019

** Signature of Reporting

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 5 (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.