FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 32350104

Estimated average burden hours per response: 0.5

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 Address of Reporting Person*				te of Event Iring ment	3. Issuer Name and Ticker or Trading Symbol TFF Pharmaceuticals, Inc. [TFFP]				
ROCAMBOLI STEPHEN			II.	(Month/Day/Year) 10/24/2019	4. Relationship of Relationship		rson(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)					(Check all applicable X Director Officer (give title below)		cify	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)	Own Forn (D) o	ership n: Direct r ect (I)	4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Derivative Security (Instr. 4)		Expira	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr.		4. Conversi	e Form:	6. Nature of Indirect Beneficial
		Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares	Price of Derivativ Security	Direct (D) or Indirect (I) (Instr. 5)	Ownership (Instr. 5)
Stock Opt Buy)	ions (Right	to	1)	09/26/2028	Common Stock	92,012	2.5	D	

Explanation of Responses:

1. 23,003 shares vested on September 26, 2019 and the remainder of shares scheduled to vest at an approximate rate of 8,626 every three months thereafter.

/s/ Stephen C.
Rocamboli, by Kirk
Allen Coleman, as
Attorney-in-Fact

10/24/2019

(Attached is signed Limited Power of

Attorney.)

** 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 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.