FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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

## 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

1. Name and Address of Reporting Person*  Mattes Glenn R.						TFF Pharmaceuticals, Inc. [ TFFP ]									ationship of k all applica Director		g Person(s) to Iss			
(Last) 2600 VIA	•	(First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 10/25/2019									Officer (give title below)  Presiden		Other (		
(Street) AUSTIN (City)	T 2)	X itate)	78746 (Zip)			4. If Amendment, Date of Original Filed (Month/Day/Year) 10/29/2019									Form file	or Joint/Group Filing (Check Ap In filed by One Reporting Perso In filed by More than One Repo			n	
Date			saction :		2A. Deemed Execution Date, if any (Month/Day/Year)		3. f Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			(A) or	5. Amount Securities Beneficial Owned Fo	t of ly	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
				10/05/0010					Code	v	Amount		(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock  Common Stock				10/25/2019		$\forall$			P P		10,000	$\dashv$	A	\$5 \$5	10,000				By Spouse	
	1.			g., put	ts, cal		warra	nts,	option	s, c	onver	tible	sec	uritie	s)		_			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I any (Month/Day	Date, if	4. Transact Code (In 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exe Expiration (Month/Da	Date	of Securities		ecurity	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Beneficia Owned Followir Reporter	e Owne s Form: Illy Direct or Ind g (I) (Ins	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)		Date Exercisable		oiration te	Title	;	Amount or Number of Shares		Transact (Instr. 4)				
Stock Options (Right to	\$5	10/29/2019			Α		332,868		(2)	10	/29/2029	Comr		332,868	\$0.00	945,8	391	D		

## **Explanation of Responses:**

- ${\bf 1.}\ {\bf The}\ {\bf shares}\ {\bf of}\ {\bf common}\ {\bf stock}\ {\bf purchased}\ {\bf in}\ {\bf the}\ {\bf Issuer's}\ {\bf initial}\ {\bf public}\ {\bf offering}.$
- $2.\,25\% \, of \, the \, options \, vest \, on \, the \, first \, anniversary \, of \, the \, grant \, and \, the \, remainder \, vest \, in \, equal \, quarterly \, installments \, over \, the \, next \, three \, years.$

/s/Glenn R. Mattes, by Kirk

Allen Coleman, as Attorney-

in-Fact

\*\* Signature of Reporting Person

10/30/2019

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

- $\mbox{\ensuremath{^{\star}}}$  If the form is filed by more than one reporting person,  $\it see$  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.