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

Person*	d Address of	2. Date Requiri Statem	O	3. Issuer Name and Ticker or Trading Symbol TFF Pharmaceuticals, Inc. [TFFP]								
(Last)	2600 VIA FORTUNA, SUITE 360 Street) AUSTIN TX 78746		1.	(Month/Day/Year) 01/27/2020		4. Relationship of Report Issuer (Check all applicable) X Director Officer (give title below)		ting Person(s) to 10% Owner Other (specify below)		5. If Amendment, Date of Original Filed (Month/Day/Year) 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-E	Perivativ	ve Se	curities B	enef	icially C	wn	ed		
1. Title of Security (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. 4)		O Fe (E In	1		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock					1,317,568					By Maestro Ventures Partners, LP		
Common Stock					75,000			1		By Valley High, LP		
						rities Bei otions, co		-				
1. Title of Derivative Security (Instr. 4)		E	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Ins		ing	Price of		se Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
		1-	Date Exercisable	Expiration Date	Title		or Numb of Share	Securit		(I) (Instr. 5)	(msu. 3)	

Explanation of Responses:

/s/ Malcolm Fairbairn 02/05/2020

** 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.