FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
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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* THURMAN RANDY H					- 1	2. Issuer Name and Ticker or Trading Symbol TFF Pharmaceuticals, Inc. [TFFP]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
THORIMAN KANDITI														Director	Director 10%			ner	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 09/29/2022								Officer (g below)	give title		Other (s	pecify		
1751 RIVER RUN, SUITE 400						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)													X	Form file	d by One	Repor	ting Persor	,	
FORT W	FORT WORTH TX 76107												^	Form filed by More than One Reporting Person					
(City)	(:	State)	(Zip)																
		Table I	- Non-C	Deriva	tive S	Sec	uri	ties Acc	quired,	, Di	sposed o	f, or B	enefici	ally Ow	ned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/D.					Execution Day/Year) any		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4		and 5) Securities Beneficial Owned Fo		Form:	Direct Indirect	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 09/29/2						2022		М		40,255	А	\$2.5	40,255		D				
Common Stock 09/29/2					9/2022	2022		S		40,255(1)	D	\$4.29(1)) D		D			
		Tabl									osed of, converti				ed				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da any (Month/Day/	d Date, if	4. Transact	ransaction ode (Instr.		5. Number of Derivative		6. Date Exercisable Expiration Date (Month/Day/Year)		of Securities		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transacti	e s illy g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	Amount or Number of Shares		(instr. 4)	on(s)			
Stock Options (Right to	\$2.5	09/29/2022			М			40,255 ⁽²⁾	04/11/20	19 (04/11/2029	Common Stock	40,255	\$0.000	84,67	70	D		

Explanation of Responses:

- 1. The reported shares were sold in the open market in multiple transactions at prices ranging from \$4.18 to \$4.57. The price reported in Column 4 is a weighted average price. The reporting person undertakes to provide to TFF Pharmaceuticals, Inc., any stockholder of TFF Pharmaceuticals, Inc or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in this footnote (1).
- 2. The transactions reported by this Form 4 reflect the Reporting Person's exercise of options to purchase common shares pursuant to Rule 16b-3 under the Securities Exchange Act of 1934 and the Reporting Person's concurrent sale of the common shares acquired upon the exercise of the options.

/s/ Randy Thurman, by Kirk

Allen Coleman, as Attorney-

in-Fact

** Signature of Reporting Person $% \left\{ \mathbf{r}_{1}^{\mathbf{r}_{2}}\right\} =\mathbf{r}_{1}^{\mathbf{r}_{3}}$

Date

09/30/2022

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 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.