| SEC Foi | rm 4 FORM | 4 | UNITED |) ST | ATES | | | | | | NGE C | OMN | /IS: | SION | | | | |
|--|--------------|----|--|-------|---------------------------------------|--|---|------------|--|-----------|--|--|--|--|---|--|---|--|
| | | | Washington, D.C. 20549 | | | | | | | | | 0 | OMB APPROVAL | | | | | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | | | | | iled pursua | F CHA | on 16(a) |) of the S | ecuriti | es Exchar | nge Act of 1 | | RSH | IIP | | mber: d average burg r response: | 3235-0 Ien | |
| 1. Name and Address of Reporting Person* Hornung William Karl (Last) (First) (Middle) | | | | | 2. Issu Diff 3. Dat | or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol Diffusion Pharmaceuticals Inc. [DFFN] 3. Date of Earliest Transaction (Month/Day/Year) 01/27/2022 | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) below) Chief Financial Officer | | | | | |
| 300 E. MAIN ST. SUITE 201 (Street) CHARLOTTESVILLE VA 22902 | | | | | – 4. lf A | 4. 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 | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| | | Та | ble I - Nor | ו-Der | ivative | Securitie | s Aco | quired, | Dis | posed c | of, or Be | neficia | ally | Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Trans: Date (Month/E | | | | | nsaction h/Day/Year | Execution if any | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Di Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | 5. Amoun Securities Beneficial Owned Fo | s F Ily (I | . Ownership orm: Direct D) or Indirect) (Instr. 4) | 7. Natu Indirec Benefic Owners | |
| | | | | | | | | Code | v | Amount | (A) o (D) | r Pric | e | Reported Transactio (Instr. 3 ar | on(s) nd 4) | | (Instr. 4 | |
| | | | Table II - I | | | ecurities alls, warı | | | | | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. 3. Transaction Date Or Exercise Price of Derivative Security | | | 3A. Deemed Execution Da if any (Month/Day/\ | ate, | 4. Transactio Code (Instr 8) | n Derivativ Securitie Acquired or Dispo of (D) (Ir | Derivative E | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | d Amour ies g Security nd 4) | Derivative Security rity (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction | Ownersh Form: Direct (D or Indire (I) (Instr. | Ben Own Ct (Inst | |
| | | | | | | | | | | | | Amoun | nt | | (Instr. 4) | | | |

| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | or Number of Shares | | | |
|--------------------------------------|---------------------------|------------|--|------|---|---------|-----|---------------------|--------------------|-----------------|---------------------------|-----|---------|---|
| Stock Option (Right to Buy) | \$0.24 | 01/27/2022 | | A | | 305,743 | | (1) | 01/27/2032 | Common Stock | 305,743 | \$0 | 305,743 | D |
| Explanat | Explanation of Responses: | | | | | | | | | | | | | |

1. The shares of common stock underlying the award will vest in 36 equal (or as near equal as possible) monthly installments on the last calendar day of each month over a 36-month period commencing January 31, 2022.

/s/ William R. Elder, attorney-01/28/2022 3235-0287

7. Nature of Indirect Beneficial Ownership (Instr. 4)

11. Nature of Indirect Beneficial Ownership (Instr. 4)

0.5

in-fact for the Reporting Person

** 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 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.