FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Cobuzzi Robert Joseph Jr.						2. Issuer Name and Ticker or Trading Symbol <u>Diffusion Pharmaceuticals Inc.</u> [DFFN]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) (Middle) 300 E. MAIN ST. SUITE 201						3. Date of Earliest Transaction (Month/Day/Year) 10/31/2022									Office	Officer (aire title Othe			
(Street) CHARLOTTESVILLE VA 22902 (City) (State) (Zip)					4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Che Line) X Form filed by One Reporting Form filed by More than One Person											orting Perso	on	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date					Transaction te onth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				Benefic	es ially Following	Form (D) o	n: Direct r Indirect estr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
						Code	v	Amount		(A) or (D)	Price	Transac	Transaction(s) (Instr. 3 and 4)			(111501.4)			
Common Stock 10/31/						2022		М		327	•	A	(1)	1,	1,531		D		
Common Stock 10/31/						2022			D ⁽¹⁾		121		D	(1)	1,410			D	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transac Code (li 8)		n of I		6. Date Ex Expiration (Month/Da	Date		Amo Secu Unde Deriv	7. Title and Amount of Securities Underlying Derivative Securii (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisab		xpiration ate	Title	0	Amount or Number of Shares					
Restricted	(1)	10/31/2022			M			327	(1)		(1)	Com	ımon	327	\$ <mark>0</mark>	327		D	1

Explanation of Responses:

1. On October 31, 2022 (the "Vesting Date"), in connection with the vesting of previously awarded restricted stock units ("RSUs"), each RSU representing a contingent right to receive one share of the Issuer's common stock (a "Share"), the Reporting Person became entitled to receive, in accordance with Section 8.7 of the Issuer's 2015 Equity Incentive Plan (as amended, the "Plan") and the terms of the underlying award agreement, (i) 206 Shares and (ii) \$580.75 in cash, representing the Fair Market Value (as defined in the 2015 Equity Plan) of the remaining portion of the award vested on the Vesting Date, based on the closing sale price of one Share reported by the NASDAQ Stock Market on such date of \$4.80. The remainder of the award will continue to vest in tri-monthly installments, subject to the Reporting Person's continued service with the Issuer

/s/ William R. Elder, attorney-

in-fact for the Reporting

** Signature of Reporting Person

Person

11/02/2022

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.