| SEC For | m 4 FORM | 4 | UNITE |) STA | TES | S SE | ECUR | ITIE | ES AND |) E) | XCHAI | NGE C | омм | ISSION | | | | | |
|---|-------------|--|---------------------------|---------|---|---|--------|--------|--|------|--|---|--|--|--|---------------|--|---|--|
| | | - | | | | | V | Vashii | ngton, D.C. | 2054 | 19 | | | | | ОМВ | APPRO | VAL | |
| Section 16. Form 4 or Form 5 obligations may continue. See | | | | | d purs | IT OF CHANGES IN BENEFICIAL OWNERSHI | | | | | | | | | OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 | | | | |
| 1. Name and Address of Reporting Person [*] Hollingsworth Jane H | | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>Diffusion Pharmaceuticals Inc.</u> [DFFN] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
| (Last) (First) (Middle) 1317 CARLTON AVE | | | | | | | | | | | | | | Officer below) | r (give title Other (specify) below) | | | | |
| | | | 22902 (7ip) | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Ch Line) X Form filed by One Reporting Form filed by More than One Person | | | | | | | | orting Perso | n | | | | |
| (City) | (5 | • | (Zip) | . Devis | | | | | and the state of the | | | 6 au Dai | | h . O | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | action | ction 2A. Deemed Execution Date, | | | 3. Transac Code (Ir 8) | tion | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, | | | 5. Amount of 6. O Securities Forr Beneficially (D) o | | Form (D) o | r Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | - | Table II - | | | | | | uired, Di , options | | | | | v Owned | | | | | |
| Derivative Conversion Date | | 3. Transaction Date (Month/Day/Year) | Execution Date, if any | | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | 6 | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amount or Number of Shares | | | | | | |
| Stock Option (Right to Buy) | \$0.91 | 09/01/2020 | | | A | | 67,400 | | (1) | 09 | 9/01/2030 | Common Stock | 67,400 | \$0 | 67,40 | 0 | D | | |
| Restricted Stock Unit | (2) | 09/01/2020 | | | A | | 54,900 | | (3) | | (3) | Common Stock | 54,900 | \$0 | 54,90 | 0 | D | | |

Explanation of Responses:

1. 1. The shares underlying the options will vest in 18 equal (or as nearly equal as possible) monthly installments on the last calendar day of each month over an 18-month period beginning September 30, 2020.

2. 2. Each restricted stock unit represents a contingent right to receive one share of the Issuer's common stock.

3. 3. The shares underlying the restricted stock units will vest in 6 equal (or as nearly equal as possible) quarterly installments on the last calendar day of each quarter over an 18-month period beginning on March 1, 2022.

| <u>/s/ William R. Elder, as</u> | |
|---------------------------------|-------------------|
| attorney-in-fact for the | <u>10/01/2020</u> |
| Reporting Person | |

** Signature of Reporting Person Date

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

 \ast 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.