FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

vvasnington	, D.C. 20549	

• ,	OMB APPROV			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	323		
on the state of th				

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative

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

	e conditions of ee Instruction 1																			
1. Name and Address of Reporting Person* BERSANI PIETRO					2. Issuer Name and Ticker or Trading Symbol Kiromic Biopharma, Inc. [KRBP]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
<u>BERGH WITETRO</u>											-	Direct			10% O					
(Last)	(Fir	et) (M	Middle)		3. Date of Earliest Transaction (Month/Day/Year)								- 1	Z Office below	er (give title /)		Other (: below)	specify		
(Last) (First) (Middle) 7707 FANNIN ST.						08/23/2024									Chief Executive Officer					
SUITE 200																				
301112	00				4 If /	If Amendment, Date of Original Filed (Month/Day/Year)								6 In	6. Individual or Joint/Group Filing (Check Applicable					
(Street)					7. " /	Amena	пеп,	Date 0	Oligilia	ii i iico	(WOTHITDA	y/ rear	,	Line		John Grou	P I IIII	ig (Crieck A	pplicable	
HOUSTO	ON TX	7	7054											1	// Form	filed by On	e Rep	orting Pers	on	
															Form Perso		re tha	n One Rep	orting	
(City)	(Sta	ate) (Ž	<u>Z</u> ip)			Person														
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	3ene	ficia	ly Own	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Execution Date,			Transaction Disposed C Code (Instr. 5)					Benefic Owned	ies cially Following	Forn (D) o	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)		Price		action(s) 3 and 4)		(Instr. 4)		
Common Stock 08				08/23/	2024		P		2,500	I	4	\$2.2	14	141,345		D				
Common Stock 08/2			08/26/	/2024				P		988 A		\$1.93	142,333			D				
		Tal									osed of,				/ Owne	d				
				(e.g., pı	its, ca	alis, v	warra	ants,	optior	ıs, c	onvertib	le se	curi	ties)						
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any				Transaction of Code (Instr. Derivative		rative rities pired r osed)	Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		(s. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form: Direct (D or Indirect (I) (Instr.	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amo or Num of Shar	ber						

Explanation of Responses:

/s/ Pietro Bersani

08/26/2024

** 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.