| SEC Form 4 |
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Instruction 1(b).

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FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHI | P |
|--|---|
| Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 | |

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

| | | | or Section 30(h) of the Investment Company Act of 1940 | | | | | | |
|------------------------|-------------------------|-----------------------|---|--|--|--|--|--|--|
| | Address of Reporting | g Person [*] | 2. Issuer Name and Ticker or Trading Symbol <u>Kiromic Biopharma, Inc.</u> [KRBP] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| Schneide | <u>er Jerry A.</u> | | | X Director 10% Owner | | | | | |
| | (First) MIC BIOPHARM | (Middle) 1A INC. | 3. Date of Earliest Transaction (Month/Day/Year) 05/24/2021 | Officer (give title Other (specify below) below) | | | | | |
| 7707 FANNIN, SUITE 140 | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicab Line) | | | | | |
| (Street) | | | | X Form filed by One Reporting Person | | | | | |
| HOUSTO | N TX | 77054 | | Form filed by More than One Reporting Person | | | | | |
| (City) | (State) | (Zip) | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities Disposed Of 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|------------------------------|---|------------------------------------|---------------|--------|---|-----------------------------------|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | |
| Common Stock | 05/24/2021 | | Р | | 5,000 | Α | \$7.31 | 5,000 | 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. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Number of | | 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) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

<u>/s/ Jerry Schneider</u>

05/26/2021

** 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.