FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

1. Name and Address of Reporting Person* <u>Catlin Michael</u>		2. Date of E Requiring S (Month/Day)	tatement	3. Issuer Name and Ticker or Trading Symbol Kiromic Biopharma, Inc. [KRBP]							
(Last) (FIC/O KIROMIC)	C BIOPHAI		07/20/2023						5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) HOUSTON TO	X State)	77054 (Zip)						(C	heck Applicable X Form filed Person	by One Reporting by More than One	
Table I - Non-Derivative Securities Beneficially Owned											
and the second of the second o				int of Securities ially Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable Expiration Date (Month/Day/Year) Date Expiration Date Expiration Date (Month/Day/Year)		ate	Underlying Derivative Security (Instr. 4) Conversion Exercises		Conversion or Exercise	cise Form:	6. Nature of Indirect Beneficial Ownership (Instr.				
			Expiration Date	Title		Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	5)		

Explanation of Responses:

No securities are beneficially owned.

/s/ Michael Catlin 08/10/2023

** 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 5 (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.