FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## OMB APPROVAL OMB Number: 32350104 Estimated average burden hours per response: 0.5

## 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*  Ryan Michael Charles	2. Date of Requiring (Month/Da)	Statement y/Year)	3. Issuer Name <b>and</b> Ticker or Trading Symbol  Kiromic Biopharma, Inc. [ KRBP ]					
(Last) (First) (Middle) C/O KIROMIC BIOPHARMA, INC.			4. Relationship of Reporting Issuer (Check all applicable) Director X Officer (give title below)	( )	File		If Amendment, Date of Original ed (Month/Day/Year)	
7707 FANNIN, SUITE 140	_			10% Owner Other (specification)		6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting		
(Street) HOUSTON TX 77054			Chief Technolog	y Office	r		Person	by More than One Person
(City) (State) (Zip)								
Т	able I - Nor	ո-Derivati	ive Securities Benefic	ially Ov	vned			
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)				Nature of Indirect Beneficial wnership (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 and Expiration Date (Month/Day/Year)		3. Title and Amount of Sec	curities	rity Conver		5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr.
			Underlying Derivative Sec (Instr. 4)	urity	Conver or Exer	cise	Form:	Ownership (Instr.
			(Instr. 4)	Amount or Number of Shares		cise ive		

## **Explanation of Responses:**

1. The options will vest (that is, become exercisable) with respect to the shares as follows: This option will vest with respect to 1,433 Shares on December 7, 2019 and the remainder will vest at an annual rate of 715 shares per year for the next 2 years.

/s/ Michael Charles Ryan 07/27/2021

\*\* 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 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.