

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 defense conditions of Rule 10b5-1(c). See Instruction 10.

|                                                                                                                                                                                                                  |                                                                                     |                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Name and Address of Reporting Person *<br><u>Tactic Pharma LLC</u><br><br>(Last) (First) (Middle)<br><u>C/O 598 ROCKEFELLER RD</u><br><br>(Street)<br><u>LAKE FOREST IL 60045</u><br><br>(City) (State) (Zip) | 2. Issuer Name and Ticker or Trading Symbol<br><u>Monopar Therapeutics [ MNPR ]</u> | 5. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br><br>Director <input checked="" type="checkbox"/> 10% Owner<br><br>Officer (give title below) Other (specify below) |
|                                                                                                                                                                                                                  | 3. Date of Earliest Transaction (Month/Day/Year)<br><u>09/24/2025</u>               |                                                                                                                                                                                                  |
|                                                                                                                                                                                                                  | 4. If Amendment, Date of Original Filed (Month/Day/Year)                            |                                                                                                                                                                                                  |

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. Transaction Code (Instr. 8) |   | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) |            |           | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--------------------------------------|----------------------------------------------------|--------------------------------|---|-------------------------------------------------------------------|------------|-----------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------|
|                                 |                                      |                                                    | Code                           | V | Amount                                                            | (A) or (D) | Price     |                                                                                               |                                                          |                                                       |
| Common Stock                    | 09/24/2025                           |                                                    | S                              |   | 550,229                                                           | D          | \$63.6098 | 272,026                                                                                       | D <sup>(1)</sup>                                         |                                                       |

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. Transaction Code (Instr. 8) |   | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 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 |                                                                                        | Date Exercisable                                         | Expiration Date |                                                                                   |                                            |                                                                                                    |                                                           |                                                        |

|                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Name and Address of Reporting Person *<br><u>Tactic Pharma LLC</u><br><br>(Last) (First) (Middle)<br><u>C/O 598 ROCKEFELLER RD</u><br><br>(Street)<br><u>LAKE FOREST IL 60045</u><br><br>(City) (State) (Zip)  |
| 1. Name and Address of Reporting Person *<br><u>Robinson Chandler</u><br><br>(Last) (First) (Middle)<br><u>1000 SKOKIE BLVD SUITE 350</u><br><br>(Street)<br><u>WILMETTE IL 60091</u><br><br>(City) (State) (Zip) |

|                                           |                    |                       |
|-------------------------------------------|--------------------|-----------------------|
| 1. Name and Address of Reporting Person * |                    |                       |
| <a href="#">Brown Michael J</a>           |                    |                       |
| (Last)                                    | (First)            | (Middle)              |
| <a href="#">C/O 598 ROCKEFELLER RD</a>    |                    |                       |
| (Street)                                  |                    |                       |
| <a href="#">LAKE FOREST</a>               | <a href="#">IL</a> | <a href="#">60045</a> |
| (City)                                    | (State)            | (Zip)                 |

|                                           |                    |                       |
|-------------------------------------------|--------------------|-----------------------|
| 1. Name and Address of Reporting Person * |                    |                       |
| <a href="#">O'Halloran Thomas V.</a>      |                    |                       |
| (Last)                                    | (First)            | (Middle)              |
| <a href="#">C/O 598 ROCKEFELLER RD</a>    |                    |                       |
| (Street)                                  |                    |                       |
| <a href="#">LAKE FOREST</a>               | <a href="#">IL</a> | <a href="#">60045</a> |
| (City)                                    | (State)            | (Zip)                 |

|                                           |                    |                       |
|-------------------------------------------|--------------------|-----------------------|
| 1. Name and Address of Reporting Person * |                    |                       |
| <a href="#">Mazar Andrew Paul</a>         |                    |                       |
| (Last)                                    | (First)            | (Middle)              |
| <a href="#">C/O 598 ROCKEFELLER RD</a>    |                    |                       |
| (Street)                                  |                    |                       |
| <a href="#">LAKE FOREST</a>               | <a href="#">IL</a> | <a href="#">60045</a> |
| (City)                                    | (State)            | (Zip)                 |

**Explanation of Responses:**

1. This Form 4 is being filed on behalf of Tactic Pharma LLC, an Illinois limited liability company ("Tactic"), and its managers, Andrew P. Mazar, Chandler D. Robinson, Michael J. Brown, and Thomas V. O'Halloran (collectively, the "Reporting Persons"). The managers collectively have voting control over the securities described herein. The managers each disclaim ownership of the shares of common stock owned by Tactic, except to the extent of their pecuniary interest therein. The Reporting Persons are no longer subject to Section 16, except for Chandler D. Robinson, who serves as Chief Executive Officer of Monopar Therapeutics Inc.

[/s/ Chandler Robinson, Attorney-in-fact](#) [09/26/2025](#)

\*\* 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.**