FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPR	OVAL
OMB Number:	3235-0287
Estimated average b	ourden
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 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 37																	
Name and Address of Reporting Person * Cittadine Andrew				2. Issuer Name and Ticker or Trading Symbol Monopar Therapeutics [MNPR]						5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director T Officer (give title below) Chief Operating Officer Chief Operating Officer						
1000 SKOKIE BLVD, STE 350 (Street)				3. Date of Earliest Transaction (Month/Day/Year) 06/30/2021											ow)		
				4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
WILME	ΓΤΕ, IL 60	0091								_	Form filed by More than One Reporting Person						
(Cit	(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu						s Acquir	ired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)				(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D) O	D) Owned Followi Transaction(s)				Ownership Form:	Beneficial
				(Month/	/Day/Ye		Code	VA	mount	(A) or (D)	Price (I	(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
							Code	, , , , , , , , , , , , , , , , , , ,	inount	(D)	11100					(111561. 1)	
								Person	s who re	espon	d to the	collecti	ion of	f informat	ion contain	ed SEC	1474 (9-02)
			Table II -					in this i	orm are s a curr osed of, o	e not re rently v	equired valid ON ficially (to respo	ond u	ınless the		ned SEC	1474 (9-02)
1. Title of Derivative Security (Instr. 3)	Conversion	*****		4. Transact	sts, calls, 5. I of I Sec or I of 0	Number Deriva curities quired Dispos (D) str. 3, 4	er 6. tive E (1 (A) sed	in this for display red, Dispositions, co	s a curr sed of, onvertible recisable a	e not re rently v or Bene e securi	equired valid ON ficially (ities)	Owned and Amo	ond urol nu	unless the umber. 8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	of 10. Owners Form of Derivati Security Direct (or Indirects)	11. Nature of Indire Benefici Owners! (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transact	ts, calls, 5.11 Sec Or l of (In	Warra Numbe Deriva curities quired Dispos (D) str. 3, 4	ants, of the control	in this to display red, Dispositions, continuous contin	osed of, onvertible recisable a Date y/Year)	e not re rently v or Bene e securi	ration of Under Securities	Owned and Amo	ount nber	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	of 10. Owners Form of Derivati Security Direct (or Indir	11. Nature of Indire Benefici Owners! (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Cittadine Andrew 1000 SKOKIE BLVD, STE 350 WILMETTE, IL 60091			Chief Operating Officer			

Signatures

/s/ Kim R. Tsuchimoto, Attorney-in-Fact	07/02/2021
**Signature of Reporting Person	Date

Explanation of Responses:

- * 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).
- (1) Options vest 6/48ths on November 30, 2021 and 1/48th monthly on the last day of each month thereafter.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.