FORM 4

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

OMB APPE	ROVAL
OMB Number:	3235-0287
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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

Name and Address of Reporting Person – Filho Jose Octavio Pinto Costa				2. Issuer Name and Ticker or Trading Symbol Monopar Therapeutics [MNPR]					5. I	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
1000 SK	·	VD, STE 350		3. Date of Earliest Transaction (Month/Day/Year) 07/12/2021			X	X Officer (give title below) Other (specify below) Chief Medical Officer							
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)					_X_	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
	TTE, IL 60														
(Cit	у)	(State)	(Zip)	Table I - Non-Derivative Securities Acqui				s Acquired	ired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)				ate, if (1	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Owned Following Reported Transaction(s)		d	Ownership Form:	7. Nature of Indirect Beneficial
				(Month/Day		/Year)	Code	e V A	(A) or (D)	Price	(Instr. 3 and 4)			Direct (D) Ow or Indirect (Ins (I) (Instr. 4)	Ownership (Instr. 4)
Reminder:	Report on a s	separate line for each	class of securities l	oeneficial	lly ov	wned dire	ectly o	Person in this f	s who respon	equired to	respond	unless the		ed SEC	474 (9-02)
Reminder:	Report on a s	separate line for eacl	Table II -	Derivati	ive S	ecurities	Acqı	Personation this for display	s who respond form are not responds a currently assed of, or Bendal	equired to valid OME	o respond 3 control n	unless the		ed SEC	474 (9-02)
	•		Table II -	Derivati (e.g., pu	ive S	ecurities ills, warr	Acqu	Persons in this f display nired, Dispo options, co	s who respond form are not responding a currently assed of, or Bendancertible security	equired to valid OME eficially Ow ities)	o respond 3 control n	unless the	e form		, ,
1. Title of Derivative Security (Instr. 3)	2. Conversion	3. Transaction	Table II -	Derivati (e.g., put 4. Transac Code	ive Sots, ca	ecurities ills, warr	Acquants, er ative es d (A) sed	Persons in this f display nired, Dispo options, co	s who responderm are not respondered of a currently used of, or Bendervertible securitisable and Date	equired to valid OME eficially Ow ities)	o respond 3 control n wned ad Amount ying	unless the number.	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(f 10. Ownersh Form of Derivati Security Direct (I or Indire s) (I)	11. Naturip of Indire Benefici Owners! (Instr. 4
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 3A. Deemed Execution Date, if any	Derivati (e.g., put 4. Transac Code	ive Sots, ca	ecurities alls, warr 5. Numb of Deriviv. Securitie Acquirec or Dispo of (D) (Instr. 3, and 5)	Acquarants, eer active est (A) seed 4,	Personin this findisplay ired, Disponing options, co 6. Date Exe Expiration	s who responderm are not rest a currently used of, or Bendonvertible securicisable and Date (//Year)	equired to valid OME eficially Own rities) 7. Title an of Underly Securities	o respond 3 control n wned ad Amount ying	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Ownersh Form of Derivati Security Direct (I or Indire	11. Naturip of Indire Benefici Owners! (Instr. 4

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Filho Jose Octavio Pinto Costa 1000 SKOKIE BLVD, STE 350 WILMETTE, IL 60091			Chief Medical Officer		

Signatures

/s/ Kim R. Tsuchimoto, Attorney-in-Fact	07/13/2021
**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 January 12, 2022 and 1/48th per 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.