

FIRST WAVE BIOPHARMA, INC. Reported by RIDDELL ALASTAIR

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 07/16/18 for the Period Ending 06/29/18

Address	777 YAMATO ROAD
	SUITE 502
	BOCA RATON, FL, 33431
Telephone	561-589-7020
CIK	0001604191
Symbol	FWBI
SIC Code	2834 - Pharmaceutical Preparations
Industry	Pharmaceuticals
Sector	Healthcare
Fiscal Year	12/31

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FORM 4	
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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).

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

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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. Name and Address of Reporting Person [*]	2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer				
1 0		(Check all applicable)				
Riddell Alastair	AzurRx BioPharma, Inc. [AZRX]					
(Last) (First) (Middle)	3. Date of Earliest Transaction (MM/DD/YYYY)	X Director 10% Owner				
		Officer (give title below) Other (specify below)				
SUITE 304	6/29/2018					
(Street)	4. If Amendment, Date Original Filed (MM/DD/YYYY)	6. Individual or Joint/Group Filing (Check Applicable Line)				
BROOKLYN, NY 11226 (City) (State) (Zip)		X Form filed by One Reporting Person Form filed by More than One Reporting Person				

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

				-						
1. Title of Security	2. Trans. Date	2A. Deemed	3. Trans. Co					5. Amount of Securities Beneficially Owned	6.	7. Nature
(Instr. 3)		Execution	(Instr. 8)	(Instr. 8) or Disposed of (D) F			Following Reported Transaction(s)	Ownership	of Indirect	
		Date, if any		(Instr. 3, 4 and 5)			(Instr. 3 and 4)	Form:	Beneficial	
									Direct (D)	Ownership
									or Indirect	(Instr. 4)
						(A) or			(I) (Instr.	
			Code	V	Amount	(D)	Price		4)	
Common Stock	6/29/2018		٨		7500	А	(1)	55000	D	
Common Stock	0/29/2010		А		7500	A	<u></u>	33000	U U	

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivate	2.	3. Trans.	3A. Deemed	4. Trans. C						7. Tit	le and Amount of	8. Price of	9. Number of	10.	11. Nature
Security	Conversion	Date	Execution	(Instr. 8)		Derivative	Securities	Expiration I	Date	Secur	ities Underlying	Derivative	derivative	Ownership	of Indirect
(Instr. 3)	or Exercise		Date, if any			Acquired (A	A) or			Deriv	ative Security	Security	Securities	Form of	Beneficial
	Price of					Disposed o	f (D)			(Instr	. 3 and 4)	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					(Instr. 3, 4	and 5)			-			Owned	Security:	(Instr. 4)
	Security												Following	Direct (D)	
	-							Date	Expiration		Amount or Number of		Reported	or Indirect	
								Exercisable	Date	Title	Amount or Number of Shares		Transaction(s)	(I) (Instr.	
				Code	V	(A)	(D)						(Instr. 4)	4)	

Explanation of Responses:

(1) Shares issued in connection with the Reporting Person's service on the Issuer's Board of Directors for the quarter ending June 30, 2018.

Reporting Owners

Reporting Owner Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Riddell Alastair						
SUITE 304	Х					
BROOKLYN, NY 11226						

Signatures

/s/ Maged Shenouda, Attorney-in-Fact	7/16/2018
** Signature of Reporting Barson	Date

** Signature of Reporting Person

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).

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

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 control number.