**SEC Form 4**

**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

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1. **Name and Address of Reporting Person**
   - **Price Ben Gil**
     - **(Last)**
     - **(First)**
     - **(Middle)**
     - **(City) MA**
     - **(State)**
     - **(Zip)**

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2. **Issuer Name and Ticker or Trading Symbol**
   - **NeuroBo Pharmaceuticals, Inc. [NRBO]**

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3. **Date of Earliest Transaction (Month/Day/Year)**
   - **11/03/2021**

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4. **Relationship of Reporting Person(s) to Issuer**
   - **X Officer (give title below)**
     - **CEO and President**

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

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 3)</th>
<th>2. Transaction Date (Month/Day/Year)</th>
<th>2A. Deemed Execution Date, if any (Month/Day/Year)</th>
<th>3. Transaction Code (Instr. 8)</th>
<th>4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>7. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonstatutory Stock Option (right to buy)</td>
<td>11/03/2021</td>
<td>$2.04</td>
<td>A</td>
<td>616,666</td>
<td>616,666</td>
<td>D</td>
<td>11/03/2031 Common Stock</td>
</tr>
</tbody>
</table>

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**Explanation of Responses:**

1. 266,666 shares subject to the option vest on the first anniversary of the vesting commencement date, November 3, 2021, and the remaining 350,000 shares subject to the option vest on the second anniversary of the vesting commencement date, subject to the Reporting Person's continuous service.

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7. **Date**
   - **11/04/2021**

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**Signature of Reporting Person**

**/s/ Ben Gil**

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**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).


**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.**

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**Form filed by One Reporting Person**

**Form filed by More than One Reporting Person**