1. Name and Address of Reporting Person*  
**KOVEN ANDREW I**

   *(Last) (First) (Middle)*

C/O NEUROBO PHARMACEUTICALS, INC.  
200 BERKELEY STREET, OFFICE 19TH FLOOR

   *(Street)*  
BOSTON MA 02116  

   *(City) (State) (Zip)*

2. Date of Event Requiring Statement (Month/Day/Year)  
07/09/2021

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

4. Relationship of Reporting Person(s) to Issuer  
   (Check all applicable)

   * Director  
   * 10% Owner

5. If Amendment, Date of Original Filed  
(Month/Day/Year)

6. Individual or Joint/Group Filing  
   (Check Applicable Line)

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

---

### Table I - Non-Derivative Securities Beneficially Owned

<table>
<thead>
<tr>
<th>Title of Security (Instr. 4)</th>
<th>Amount of Securities Beneficially Owned (Instr. 4)</th>
<th>Ownership Form: Direct (D) or Indirect (I) (Instr. 5)</th>
<th>Nature of Indirect Beneficial Ownership (Instr. 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Title of Derivative Security (Instr. 4)</th>
<th>Date Exercisable and Expiration Date (Month/Day/Year)</th>
<th>Title and Amount of Securities Underlying Derivative Security (Instr. 4)</th>
<th>Conversion or Exercise Price of Derivative Security</th>
<th>Ownership Form: Direct (D) or Indirect (I) (Instr. 5)</th>
<th>Nature of Indirect Beneficial Ownership (Instr. 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date Exercisable Expiration Date Amount or Number of Shares</td>
<td>Title</td>
<td>Amount or Number of Shares</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Explanation of Responses:**  
No securities are beneficially owned.

/s/ Andrew Koven  
07/19/2021

**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 5 (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.

---

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

**INITIAL STATEMENT OF 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

**OMB APPROVAL**

OMB Number: 3235-0104  
Estimated average burden hours per response: 0.5