

# **SECURITIES & EXCHANGE COMMISSION EDGAR FILING**

# Hepion Pharmaceuticals, Inc.

Form: 4

Date Filed: 2020-08-21

Corporate Issuer CIK: 1583771

© Copyright 2020, Issuer Direct Corporation. All Right Reserved. Distribution of this document is strictly prohibited, subject to the terms of use.

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

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden 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

(Print or Type	e Responses)																			
Name and     Wijngaard		leporting Person-			Issuer Name and Ticker or Trading Symbol     Hepion Pharmaceuticals, Inc. [HEPA]									5. F	Relationship of Reporting Person(s) to Issuer     (Check all applicable)					
(Last) (First) (Middle) C/O HEPION PHARMACEUTICALS, INC., 399 THORNALL STREET, FIRST FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 08/19/2020										Director Officer (give titl	e below)	10% C	Owner (specify below)		
(Street)					4. If Amendment, Date Original FiledMonth/Day/Year)									_X_	ndividual or J Form filed by One Form filed by Mor	Reporting Per		able Line)		
EDISON,		(State)	(Zip)		Table I Nam Barbarbar C															
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye				any	cutio			nsactio	nsaction 4		4. Securities Acqu (A) or Disposed o (Instr. 3, 4 and 5)		5. Aı Follo	Following Reported Transaction(s) (Instr. 3 and 4)		6. Ownership Form: Direct (D)	Beneficia			
					(IVIOI	IUI/L	Day/ real)	Cı	ode	٧	Amoun	(A) or (D)	Price					or Indirect (I) (Instr. 4)	Ownersh (Instr. 4)	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat	4. e, if Trar Cod	( <i>e.g.</i> ,	<b>put</b> on	ve Securits, calls, ve 5. Number Derivative Securities Acquired Disposed	er of e (A) or of (D)	cquirecents, opt 6. Date Expira (Mont	orm and orm an	re not re ontrol r cosed c conver rcisable date	equired to number. of, or Ber tible sec	neficiall urities) 7. Title	y Own	nless the for ned Amount of Securities	m displays  8. Price of	9. Number of Derivative Securities Beneficially Owned	10. Ownership Form of Derivative Security:	Beneficia	
	Security			C	ode	٧	(Instr. 3, 4 5)	4, and	Date Exerc	cisable		ration	Title		Amount or Number of Shares		Following Reported Transaction(s (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)		
Stock Options	\$ 3.72	08/19/2020			Α		30,000	Ť	08/1	9/202	21 08/	19/2030	)	mon ock	30,000	\$0	60,000	D		
Report	ing Owı	ners																		
Rep	orting Owne	r Name / Address	Direc		lations Owne	┯:		ther												
	ON PHARM	MACEUTICALS REET, FIRST FI	· X																	

# **Signatures**

/s/ Peter Wijngaard	08/21/2020
Signature of Reporting Person	Date

# **Explanation of Responses:**

- $^{\star}\,$  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.

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.

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

OMB APPROVAL						
OMB Number:	3235-0287					
Estimated average burden 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

(Print or Type	Responses)																			
Name and     Wijngaard		Reporting Person-					Name <b>a</b> harma				-	•			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X_ Director					
(Last	)	(First)	(1)	Middle)	3 Date	Date of Earliest Transaction (Month/Day/Year)										Director Officer (give title	e below)		Owner (specify below)	
C/O HEPION PHARMACEUTICALS, INC., 399 THORNALL STREET, FIRST FLOOR						08/19/2020													(5,550.)	
(Street)					4. If Am	4. If Amendment, Date Original FiledMonth/Day/Year)									Individual or Joint/Group Filing(Check Applicable Line)     _X_Form filed by One Reporting Person     Form filed by More than One Reporting Person					
EDISON, I	NJ 08837															01111 IIIOG DJ 141011	o triair orio riop	orung r oroon		
(City)	)	(State)		(Zip)				1	Tabl	e I - No	on-De	erivative	Securit	ies Acqu	ıired,	Disposed of	f, or Benef	icially Owned		
1.Title of Security 2. Transact Date (Month/Day			ate	Exec Year) any	2A. Dee Execution ar) any (Month/I		, if Coo				4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5)			5. Amount of Securities Bene Following Reported Transacti (Instr. 3 and 4)		,	` '	Beneficial Ownershi		
									Co	de	٧	Amount	(A) or (D)	Price					or Indirect (I) (Instr. 4)	(Instr. 4)
1. Title of	2.	parate line for each	3A. Dee	<b>Tab</b>	ele II - Deri ( <i>e.g.</i> .	vativ	ve Secu ts, calls	urities s, wari	Acerant	Perfo O Quired s, opti 6. Date	erson orm an MB co I, Disp ions, e Exe	re not recontrol nutrol ocean of converting recisable a	quired to imber. , or Ben ble secu	eficially urities) 7. Title	Own	ed	m displays  8. Price of	tained in this a currently va	alid	1474 (9-02)
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	any	ion Date, if /Day/Year)	Code		Derivation Security Acquired Disposition (Instr. 3)	ties ed (A) sed of (	or (D)	Expira (Month				,	Underlying Securit (Instr. 3 and 4)		Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Transaction(s)	Security: Direct (D) or Indirect	Beneficial Ownership (Instr. 4)
					Code	٧	(A)	) (	(D)	Date Exerci	sable	Expira Date	ation	Title		Amount or Number of Shares		(Instr. 4)	(I) (Instr. 4)	
Stock Options	\$ 3.72	08/19/2020			А		30,0	00		08/19	9/202	21 08/1	9/2030	Comn Stoo		30,000	\$0	60,000	D	
Reporti	ing Owı	ners																		
					Relation	ship	os		1											
Rep	orting Owner	r Name / Address		Director	10% Owne	一:	Officer	Other												
Wijngaard																				

Bonostina Osmon Norse / Address	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
Wijngaard Peter C/O HEPION PHARMACEUTICALS, INC. 399 THORNALL STREET, FIRST FLOOR EDISON, NJ 08837	X								

# **Signatures**

/s/ Peter Wijngaard	08/21/2020
Signature of Reporting Person	Date

# **Explanation of Responses:**

- $^{\star}\,$  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.

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.