

SECURITIES & EXCHANGE COMMISSION EDGAR FILING

TENAX THERAPEUTICS, INC.

Form: 4

Date Filed: 2021-01-12

Corporate Issuer CIK: 34956

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FORM 4

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

OMB APPROVAL											
OMB Number:	3235-0287										
Estimated average but	rden hours										

0.5

per response...

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 Address of Reporting Person Jebsen Michael B					Issuer Name and Ticker or Trading Symbol TENAX THERAPEUTICS, INC. [TENX]									Relationship of Reporting Person(s) to Issuer (Check all applicable) (Check all applicable)					
(Last) (First) (Middle) C/O TENAX THERAPEUTICS, INC.,, ONE COPLEY PARKWAY, SUITE 490					ate of 1 05/20	Earliest Tr	ansacti	ion (M	lonth/Day	/Year)		Director10% Owner							
(Street)						dment, Da	te Origi	inal Fi	iled _{(Month/E}	ay/Year)		Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City	/ILLE, NC 2	(State)	(Zip)				Tah	ile I -	Non-Deri	vative S	ecuriti	uired, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye			E: Year) aı	2A. Deemed Execution Date, if ear) any (Month/Day/Year)			nsacti 8)	ion 4.	4. Securities Acquired (A) or Disposed of (D)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficia Ownershi			
				ì	mona v zay, i oa.)		Co	ode	V A	mount	(A) or (D)	Price				or Indirect ((I) (Instr. 4)			
Reminder: B	lenort on a se	parate line for each	class of securities	henefici	ially ov	vned direc	tly or ir	ndirect	tlv										
			Tab			ve Securi		cquire	form are OMB cor ed, Dispo	not requ ntrol nur sed of, o	uired to nber. or Ben	o respond	lection of infor d unless the fo Owned				1474 (9-02		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code	5. Normalization Der Seconds Accordingtr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) Instr. 3, 4, and		ts, options, convertible secu 6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title a	nd Amount of ng Securities and 4)		9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownershi (Instr. 4)		
				Code	e V	(A)	(D)	Date Exer	rcisable	Expirati Date	ion	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)	(I) (Instr. 4)			
Stock option (right to buy)	\$ 1.85	01/05/2021		А		70,000)	01/0	05/2022	01/05/	/2031	Comm stock	70.000	\$0	70,000	D			
Report	ing Ow	ners																	
Reporting Owner Name / Address Director 10%					hips	cer Other													
Jebsen Michael B C/O TENAX THERAPEUTICS, INC., ONE COPLEY PARKWAY. SUITE 490					CF	=O													

Signatures

MORRISVILLE, NC 27560

/s/ Michael Jebsen	01/12/2021
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).

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.

(Print or Type Responses)

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Name and Address of Reporting Person Jebsen Michael B						Name and THERAF					Relationship of Reporting Person(s) to Issuer (Check all applicable)							
(Last) (First) (Middle)						Earliest Tra			_		Director 10% Owner Officer (give title below) Other (specify below)							
			,, ONE COPLE					,	Í	,				CFO				
PARKWAY	/, SUITE 4																	
(Street) MORRISVILLE, NC 27560					meno	dment, Dat	e Origi	inal Filedi	Month/D	ay/Year)	6. Individual or J _X_ Form filed by One Form filed by Mor	Reporting Per	son	able Line)				
(City)		(State)	(Zip)		Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned													
1.Title of Secu	urity		2. Transaction	on 2A	Dee	emed		nsaction		Securities Acqu	5. Amount of Securities Beneficially Owned 6. 7. Nature							
(Instr. 3)	unty		Date	Exe	ecutio	on Date, if		Hodolion		(A) or Disposed of (D		Following Reported Transaction(s)			Ownership	of Indirect		
			(Month/Day/			Day/Year)	(Instr.	8)	(In	str. 3, 4 and 5)	(Instr. 3 and 4)			Form: Direct (D)	Beneficial Ownership		
				(IVIC	J11(11/	Day/Teal)										(Instr. 4)		
									. .	(A) or					(l)			
							Co	ode	V Ar	mount (D)	Price				(Instr. 4)			
Reminder: Re	eport on a sep	parate line for each	class of securities	beneficia	lly ov	vned direc	tly or ir	ndirectly.										
										•		lection of infor				1474 (9-02)		
										not required to	o respon	d unless the for	m displays	a currently va	alid			
			Tab							sed of, or Ben invertible secu	-	Owned						
1. Title of	2.	3. Transaction	3A. Deemed	4.	., pu	5. Numbe		- ' -		sable and		nd Amount of	8. Price of	9. Number of	10.	11. Nature		
Derivative	Conversion or Exercise Price of Derivative Security	Date	Execution Date, if		ion	Derivative Securities						ng Securities		Derivative Securities Beneficially				
Security (Instr. 3)		(Month/Day/Year)	any (Month/Day/Year)	Code (Instr. 8)		Acquired (A)		(Month/Day		ear)	(Instr. 3	and 4)	Security (Instr. 5)			Beneficial Ownership		
,			,	,		Disposed							,	Owned	Security:	(Instr. 4)		
					(Instr. 3 5)		4, and							Following Reported	Direct (D) or Indirect			
								<u> </u>		F		Amount or		Transaction(s)				
								Date Exercisa		Expiration Date	Title	Number of		(Instr. 4)	(Instr. 4)			
0				Code	٧	(A)	(D)					Shares						
Stock option											Comm	ion						
(right to	\$ 1.85	01/05/2021		Α		70,000)	01/05/	2022	01/05/2031	stoc	/0.000	\$0	70,000	D			
buy)																		
Reporti	ng Owr	ners					1											
Report	ting Owner N	Name / Address		elationsh % Owner	ips Offic	cer Other	1											
Jebsen Mid	chael B		Birector 10	70 OWNER	Onic	our ourier												
		PEUTICS, INC.	,		CF	-												
ONE COPLEY PARKWAY, SUITE 490				Cr														
MORRISV	ILLE, NC 2	27560]											
Signatu	ires																	
/s/ Michae	l Jebsen	01/12/2	021															
Signature of Rep	orting Person	Date																
Explana	ation of	Response	es:															

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