FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
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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)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Fraser Craig					<u>W</u>	2. Issuer Name and Ticker or Trading Symbol WINDTREE THERAPEUTICS INC /DE/ WINT]									Relationship of Reporting Person(s) to Issu (Check all applicable) X Director 10% Own					vner
(Last) 2600 KE	(F LLY ROAI	•	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 08/23/2023								X Officer (give title Other below) President and CEO					pecify	
SUITE 1	00				4.1	f Ame	endment, I	Date (of Orio	ginal Fil	ed ((Month/Da	y/Year)		Indiv ne)	idual or J	oint/Group	Filing	ı (Check Apı	olicable
(Street) WARRIN	NGTON PA	A	18976												X		led by Mor		orting Person n One Repor	
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication														
			Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																	
		Tab	le I - Nor	ı-Deriv	vativ	e Se	curities	s Ac	quir	red, D	isp	osed o	f, or Be	neficia	lly (Owned				
Date					action 2A. Deemed Execution Day/Year) if any (Month/Day/Y		Date,	Code (Inst			4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			4 and Securitie Beneficia		es Forr ally (D) (Following (I) (II		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership	
									C	ode V		Amount	(A) o (D)	r Price		Transact (Instr. 3 a	ion(s)			(Instr. 4)
Common Stock 08/2				08/2	3/202	3/2023			A		45,867 ⁽¹⁾		\$)	52,877			D		
Common Stock						3 ⁽²⁾ I						By Trust								
		7	Гable II -							,	•	,	or Benole secu		y Oı	wned				
Security or Exercise (Month/Day/Year) if a				Date,	4. Transa Code (l 8)				6. Date Exercisal Expiration Date (Month/Day/Year			of Securities		ies g Security	Derivati Security		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Own S For Olly Dir Or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exer	e rcisable		xpiration ate	Title	Amoun or Numbe of Shares						
Employee Stock Option (Right to Buy)	\$1.21	08/23/2023			A		68,800			(3)	08	3/23/2033	Common Stock	68,80		\$0	68,800)	D	

Explanation of Responses:

- 1. These shares represent restricted stock units (RSUs), which represent a contingent right to receive the equivalent number of shares of common stock. These RSUs shall vest with respect to one-third of the total number of shares subject to the RSUs on an annual basis (every 12 months) with the first vest date on August 23, 2024 provided that the reporting person remains in continuous service on each vesting date.
- 2. Holding amount represents issuer's matching stock contribution pursuant to 401(k) plan.
- 3. This employee stock option shall vest and become exercisable with respect to one-third of the total number of shares subject to the option on an annual basis (every 12 months) with the first vest date on August 23, 2024 provided that the reporting person remains in continuous service on each vesting date.

/s/ Jamie McAndrew, as 08/25/2023 Attorney-in-Fact

** 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 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.

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.