FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 32350104

Estimated average burden hours per response: 0.5

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

1. Name and Address of Reporting Person* CARMAN DIANE			Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 07/01/2021 3. Issuer Name and Ticker or Trading Symbol WINDTREE THERAPEUTICS INC /DE/ [WINT]						
(Last) 2600 KELL	(Last) (First) (Middle) 2600 KELLY ROAD SUITE 100				4. Relationship of Reportin Issuer (Check all applicable)		Fi	5. If Amendment, Date of Original Filed (Month/Day/Year)		
SUITE 100					Director X Officer (give title below)	below)	(specify 6.	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting		
(Street) WARRING	TON PA	18976	,		SVP & Genera	l Counsel		Person	by More than One Person	
(City)	(State)	(Zip)								
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Sec				2. Amount of Securities Beneficially Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
					4)	(D) or li	ndirect		ŕ	
				erivative		(D) or li (I) (Inst	ndirect (. 5)		<u> </u>	
1. Title of Deri	vative Securit	(e.g.		erivative s, warrar	e Securities Benefici nts, options, conver	(D) or II (I) (Institute (II) Owrestible sec	ndirect (. 5)		6. Nature of Indirect Beneficial Ownership (Instr. 5)	

Explanation of Responses:

No securities are beneficially owned.

/s/ Diane Carman, Esq. 07/06/2021

** 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).
- ** 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.