SEC Form 4	
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FORM 4

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

	OMB Number: 3235-0287										
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L	hours per response:	0.5									

U obligati	n 16. Form 4 or ions may contin tion 1(b).		_	File							es Exchan npany Act		f 1934	4			nated av s per re	verage burde sponse:	n 0.5		
1. Name and Address of Reporting Person* Simonson Steven						2. Issuer Name and Ticker or Trading Symbol <u>WINDTREE THERAPEUTICS INC /DE/</u> WINT]								(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify						
(Last) (First) (Middle) 2600 KELLY ROAD						3. Date of Earliest Transaction (Month/Day/Year) 08/23/2023									below)			below)	specity		
SUITE 100					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person							
(Street) WARRINGTON PA 18976														Form filed by More than One Reporting Person							
(City) (State) (Zip)				Rı	Rule 10b5-1(c) Transaction Indication																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) (Month/Di					action	ction 2A. Deemed Execution Date,			3. Transa Code (3. Transaction Code (Instr. 5)			ired ((A) or	5. Amou Securitie Benefici	nt of es ally Following	Forn (D) o	n: Direct	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)) or	Price	Transact (Instr. 3	tion(s)			(Instr. 4)		
Common Stock 08/23/					3/202	/2023		A		15,867	7 ⁽¹⁾ A		\$ <mark>0</mark>	17,440			D				
Common Stock															(2)		Ι	By Trust			
		-	Table II -								osed of, onvertil				Owned						
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. Transaction Code (Instr 8)				6. Date Ex Expiration (Month/Da	n Date		7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici Owned Followin Reported Transact (Instr. 4)	/e es ally ng d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisab		xpiration Date	Title	OI N OI	umber							
Employee Stock Option (Right to Buy)	\$1.21	08/23/2023			Α		23,800		(3)	0	8/23/2033	Commo Stock	ⁿ 2	3,800	\$0	23,8	00	D			
Explanatio	n of Respons	ses:																			

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 Attorney-in-Fact

** Signature of Reporting Person Date

08/25/2023

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.