FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ı	OMB APPROVAL							
l	OMB Number:	3235-0287						
l	Estimated average burde	en						
l	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).

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* Schreiber Brian D					2. Issuer Name and Ticker or Trading Symbol WINDTREE THERAPEUTICS INC /DE/ WINT							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
												Directo	r		10% Ow	ner		
(Last)	(First)		with 1							Officer (give title below)			Other (spelow)	pecify			
(Last) (First) (Middle) C/O WINDTREE THERAPEUTICS, INC.						3. Date of Earliest Transaction (Month/Day/Year)												
· · · · · · · · · · · · · · · · · · ·					04/24/2019													
2600 KELLY ROAD, SUITE 100						4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable					
(Street)						, , , , , , , , , , , , , , , , , , , ,						Line)						
WARRINGTON PA 18976										X Form filed by One Reporting Person								
		10370								Form filed by More than One Reporting Person								
(City)	(State)	(Zip)															
		Tal	ble I - Non-	Derivati	ve Se	curitie	s Ac	quired, Di	sposed o	f, or Ber	neficially	y Owned						
1. Title of	Security (In:	str. 3)		2. Transacti	on	2A. Deem		3.		ies Acquire						. Nature of		
Date (Month)				Date Month/Day/	Year)	Execution Date, if any (Month/Day/Year)		Code (Instr. 5)		I Of (D) (Instr. 3, 4 an		Securitie Beneficia	ally	(D) or	r Indirect	Indirect Beneficial		
												Owned Following Reported		(I) (Instr. 4)		Ownership (Instr. 4)		
							Code V	Amount	(A) or (D)	Price	Transact (Instr. 3 a							
			Table II D		. Coo		Λ	uired Die	naced of	or Poro	ficially	Ourned			1	<u> </u>		
			Table II - D (e					, options,				Ownea						
1. Title of	2.	3A. Deemed	4.				6. Date Exercisable and 7. Title and An			8. Price of	9. Number of		10.	11. Nature				
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Date if any (Month/Day/Ye	Code	action (Instr.			Expiration Date (Month/Day/Year) of Securities Underlying Derivative Sec (Instr. 3 and 4)			g	Derivative Security	derivative Securities Beneficially Owned Following Reported		Form: Benefi Direct (D) Owner	of Indirect Beneficial		
(Instr. 3)	Price of Derivative	' '		ear) 8)								(Instr. 5)				Ownership (Instr. 4)		
	Security										.u +,					(111541. 4)		
				of (D) (Instr.								Transaction	on(s)					
			<u> </u>	1	3, 4 and	ا (د						(Instr. 4)						
											Amount or							
								Date	Expiration		Number of							
				Code	v	(A)	(D)	Exercisable	Date	Title	Shares							
Non-																		
Qualified Stock	\$4.32	04/24/2019		A		60,000		12/21/2019 ⁽¹⁾	04/24/2029	Common	60,000	\$0	60,000	,	D			
Option (Right to Buv)	Ψτ.52	04/24/2013				00,000		12/21/2013	0-4/2-4/2023	Stock	50,000	Ψ	00,000		ם			

Explanation of Responses:

1. This stock option shall vest in a series of three successive, equal installments measured from the date of Dr. Schreiber's appointment to the Board of Directors on December 21, 2018.

/s/ Mary B. Templeton, Esq., as Attorney-in-Fact 04/26/2019

** 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.