FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

wasiiiigton, D.C. 20045	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* Huang James					<u>W</u>	2. Issuer Name and Ticker or Trading Symbol WINDTREE THERAPEUTICS INC /DE/ [WINT]								S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner				
	DTREE T	irst) HERAPEUTICS D, SUITE 100	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/03/2021								Officer (give title Other (specify below) below)				
(Street) WARRIN	GTON PA	A	18976		_ 4.	If Ame	Date (e of Original Filed (Month/Day/Year)					Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(S	tate)	(Zip)										Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
		Date	ate E Ionth/Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)				(A) or 3, 4 and	5. Amount of Securities Beneficially Owned Following Reported		6. Owner Form: Dir (D) or Ind (I) (Instr.	rect Ind lirect Ber 4) Ow	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(11301.4)		
Common	Stock													21,000)	D		
Common Stock											2,336,853		I	Ve He	n Panacea nture althcare nd I L.P. ⁽¹⁾			
Common Stock												70,281	l	I	(H Cc Ma Cc	n Rui Jin K) nsulting nnagement mpany nited ⁽²⁾		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Security (Instr. 3)	Title of 2. 3. Transaction Pate Execution Date Execution Date (Month/Day/Year)		ned n Date,	4. Transa	i. 5 Fransaction Code (Instr. E) S		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			d Amount ties g e Security nd 4)	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ative rities ficially ed wing rted saction(s)	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
					Code	Code V		(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares	r				
Stock Option (Right to Buy)	\$5.5	02/03/2021			A		15,000				02/03/2031	Common Stock	15,000	\$0 1		5,000	D	

Explanation of Responses:

- 1. The Reporting Person is a Director of Panacea Venture Healthcare Fund GP I L.P. The Reporting Person disclaims beneficial ownership of the shares held by Panacea Venture Healthcare Fund I L.P., except to the extent of his pecuniary interest therein.
- 2. The Reporting Person is a Director of Rui Jin (HK) Consulting Management Company Limited.
- 3. The stock options shall vest as follows: 1/3 vested immediately on the grant date, 1/3 shall vest on the first anniversary of the grant date and 1/3 shall vest on the second anniversary of the grant date.

/s/ John P. Hamill, as Attorney-

02/05/2021

** 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 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.