UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL						
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Estimated average burden 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).

STATEMENT OF CHANGES IN 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

(Print or Type Responses)																	
Name and Address of Reporting Person – Beck James M				2. Issuer Name and Ticker or Trading Symbol REPRO MED SYSTEMS INC [KRMD]						5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_ Director 10% Owner						
(Last) (First) (Middle) C/O REPRO MED SYSTEMS, INC., 24 CARPENTER ROAD			3. Date of Earliest Transaction (Month/Day/Year) 06/02/2021							-	Officer (give title below)	c	Other (specify below)				
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group Filing(Check Applicable Line) X. Form filed by One Reporting Person Form filed by More than One Reporting Person					
CHESTER, NY 10918	(State)		(Zip)														
	(0)			Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned													
1.Title of Security (Instr. 3)		2. Transacti (Month/Day	y/Year)	any	ution Date, if	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				Transaction(s) Ownership		Beneficial			
				(Month/Day/Year)		Code	V	Amount	(A) or (D) Pr	rice				or Indirect (I) (Instr. 4)		
Common Stock			06/02/202	21			S		21,275	D	\$ 4.6	53 (2)				By Trust	
Common Stock													49,996			D	
Reminder: Report on a separate	line for each class of	securities beneficially	owned directly or is				urities Acquired	Spond u	ınless the 1 of, or Ben	form dis	plays a		information contained in this fo ntly valid OMB control number.	rm are not re	equired to	SEC	1474 (9-02)
		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code 5. N (Instr. 8) Sec Dis		5. N Secu Disp	alls, warrants, options, convo . Number of Derivative decurities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date		7. Title Securit (Instr. 3		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially	Form of Derivative	11. Nature of Indirect Beneficial Ownership	
				Code	ode V	V	(A)	(D)	Date Exercisal		ration	Title	Amount or Number of Shares		Following D Reported or Transaction(s) (I)	Direct (D) or Indirect	(Instr. 4)
Reporting Owne	rs																
Reporting Owner Name /	Address	Relationships															

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Beck James M C/O REPRO MED SYSTEMS, INC. 24 CARPENTER ROAD CHESTER, NY 10918	Х						

Signatures

/s/ Karen Fisher- Attorney-in-Fact	06/04/2021
**Signature of Reporting Person	Date

Explanation of Responses:

- 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).
- (1) Mr. Beck is co-trustee with his wife of the Ellen H Beck Revocable Trust, of which Mr. Beck and his children are beneficiaries.
- Sold in lots at prices between \$4.60 and \$4.66. Full information regarding the number of shares sold at each separate price is available upon request. Price reported reflects a weighted-average price. (2)

Remarks:

The filing of this statement shall not be construed as an admission (a) that the person filing this statement is, for the purposes of Section 16 of the Securities Exchange Act of 1934, as amended, the beneficial owner of any equity securities

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.