## FORM 4

# UNITE

D STATES SECURITIES AND EXCHANGE COMMISSION	OMB APPROVAL
	OMB Number: Estimated average burden hours per
	response

3235-0287

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

Instruction 1(b).	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														
Print or Type Responses)															
					2. Issuer Name and Ticker or Trading Symbol EPRO 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) 12/31/2021						-	Officer (give title below)	0	Other (specify below)			
(Street) CHESTER, NY 10918				4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filling(Check Applicable Line)  X. Form filed by One Reporting Person  Form filed by More than One Reporting Person				
(City)	(State)		(Zip)				Table	I - Non-Deriv	ative Securities	s Acquir	ed, Disposed of, or Beneficially Own	ied			
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year) Execution Date, if any any 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Transaction(s) Ownership of (Instr. 3 and 4) Form: Be			Beneficial						
				(N	Month/Day/Ye	ar) Code	e V	Amount	(A) or (D)	Price				Direct (D) or Indirect (I) (Instr. 4)	
Common Stock			12/31/202	21		A		5,000	A	\$ 3	15,252			D	
Reminder: Report on a separate l	ine for each class of	securities beneficially	owned directly or in	ndirectly.			Persons	who respon	d to the collec	ction of	information contained in this fo	rm are not re	equired to	SEC	1474 (9-02)
											ntly valid OMB control number.				,
				Table I		Securities Acquealls, warrants,									
Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac (Instr. 8)		5. Number of De Securities Acqui Disposed of (D) (Instr. 3, 4, and	ired (A) or	or Expiration Date Securit		ecurities Derivative Security Security (Instr. 5) Ber		9. Number of Derivative Securities Beneficially	Ownership of Indirect Form of Beneficial Derivative Ownership	of Indirect Beneficial Ownership	
				Code	e V	(A)	(D)	Date Exercisabl	Expiration Date	Title	Amount or Number of Shares			Direct (D) or Indirect	(Instr. 4)

#### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Matin Shahriar C/O REPRO MED SYSTEMS, INC. 24 CARPENTER ROAD CHESTER, NY 10918	X					

#### Signatures

/s/ Karen Fisher, Attorney-in-Fact	01/03/2022
**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).

#### 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.