FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL	
MB Number:	3235-0287
stimated average burden hours per	
enonea	0.5

Transaction(s) (I)

Instr. 4)

O E: re

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 * French Donna				2. Issuer Name and Ticker or Trading Symbol REPRO MED SYSTEMS INC [KRMD]					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) 03/31/2022					Officer (give title below)		Other (specify belo	w)			
(Street) CHESTER, NY 10918			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							
(City)	(State)		(Zip)		Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
		2. Transactic (Month/Day	/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	f (Instr. 8)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Beneficial Ownership		
						Code	V	Amount	(A) or (D)	Price				(I) (Instr. 4)	
Common Stock 03/31/20			03/31/202	.2		A		5,221	A	\$ 2.87	17,050			D	
Reminder: Report on a separat	te line for each clas	ss of securities benefic	ially owned directly	or indir	rectly.										
											n of information contained in sisplays a currently valid OMB			SEC	1474 (9-02)
			Tabl		Derivative Secu (e.g., puts, calls,						ned				
Security (Instr. 3)		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Trai (Instr.	Dis	Number of Derivat ecurities Acquired (isposed of (D) nstr. 3, 4, and 5)		6. Date Ex Expiration (Month/D		Securit	e and Amount of Underlying ties 3 and 4)	8. Price of Derivative Security (Instr. 5)	Securities Beneficially Owned	Ownership Form of Derivative	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Expiration Date

Exercisable

Amount or Number of Shares

Reporting Owners

Booking Community and Addison	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
French Donna C/O REPRO MED SYSTEMS, INC. 24 CARPENTER ROAD CHESTER, NY 10918	X							

Signatures

/s/ Karen Fisher, Attorney-in-Fact 04/04/2022

**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 ex

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.