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

OMB APPE	
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nours per response	9 0.5

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 Ty	pe Response	~)													
Name and Address of Reporting Person*  Keefer David R				2. Issuer Name and Ticker or Trading Symbol Virios Therapeutics, Inc. [VIRI]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)XDirector10% Owner						
(Last) (First) (Middle) C/O VIRIOS THERAPEUTICS, INC., 44 MILTON AVENUE				3. Date of Earliest Transaction (Month/Day/Year) 06/23/2022						Officer (giv	e title below)	Oth	er (specify belo	w)	
(Street) ALPHARETTA, GA 30009				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 Acqu				nired, Disposed of, or Beneficially Owned							
(Instr. 3) Da		2. Transaction Date (Month/Day/Year)			3. Transaction		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Sec Owned Followin Transaction(s)		Securities B	eneficially ed	6. Ownership Form:	Beneficial	
				(Month/l	Day/Year)		ode V		or O) Price	(Instr. 3 and 4)			Direct (D) Ownersl or Indirect (I) (Instr. 4)		
Reminder:	·						contai form d	ns who res ned in this lisplays a c posed of, or l onvertible se	form are urrently v	not re valid (	equired OMB co	to respon	d unless the		474 (9-02)
1. Title of Derivative Security	2. Conversion or Exercise	3. Transaction	3A. Deemed Execution Date, if any	4. Transact	5. Nu tion of Deriv	arrant mber ative	contai form d quired, Disp s, options, c	ned in this lisplays a coosed of, or I convertible so ercisable and Date	Geneficiall (curities)  7. Titl of University (Securities)	y Own de and A derlyin ities	equired OMB co	8. Price of Derivative Security	9. Number of Derivative Securities	of 10. Ownersh Form of	11. Natu
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Deemed Execution Date, if	4. Transact	5. Nution of Deriv Securi Acqui (A) of Disposition	mber rative rities ired r	quired, Disp es, options, c 6. Date Exe Expiration	ned in this lisplays a coosed of, or I convertible so ercisable and Date	Geneficiall (curities)  7. Titl of University (Securities)	y Own	equired OMB co	8. Price of Derivative	9. Number of Derivative Securities Beneficially Owned Following Reported	of 10. Ownersh Form of Derivativ Security Direct (I or Indire	11. Naturof Indire Benefici Owners! (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	3A. Deemed Execution Date, if any	4. Transact	s, calls, was 5. Nu tion of Deriv ) Secur Acqu (A) of Dispo	mber rative rities ired rosed )	quired, Disp es, options, c 6. Date Exe Expiration	ned in this lisplays a coosed of, or I convertible so ercisable and Date	Geneficiall (curities)  7. Titl of University (Securities)	y Own de and A derlyin ities	equired OMB co	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following	of 10. Ownersh Form of Derivativ Security Direct (I or Indire	11. Nature of Indire Beneficie (Instr. 4)
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	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Keefer David R C/O VIRIOS THERAPEUTICS, INC. 44 MILTON AVENUE ALPHARETTA, GA 30009	X				

## **Signatures**

/s/ Greg Duncan, Attorney-in-Fact	06/30/2022
**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)
- (1) The stock option will vest 100% on June 23, 2023, one year following the grant date.

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.