## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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

(111111 01 1)	pe Response													
Name and Address of Reporting Person * Burch Richard Alan				2. Issuer Name and Ticker or Trading Symbol Virios Therapeutics, Inc. [VIRI]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% 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	ve title below)	Othe	r (specify below)	
(Street) ALPHARETTA, GA 30009				4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person				
(Cit		(State)	(Zip)			[able]	I - Non-Deri	ivative Securit	ies Acquire	ed, Disposed	l of, or Ben	eficially Own	ed	
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye			any	on Date, if	Code (Insti			Owned Follow Transaction(s		/		Ownership of Borm:	eneficial	
			(Month/	Day/Year)	Co	ode V	Amount (A) o		(Instr. 3 and 4)		or (I)	Indirect (I	wnership nstr. 4)	
Reminder:	report on a							ns who respo ned in this fo						174 (9-02)
Reminder:	report on a c		Table II -	Derivati	ve Securit	es Ac	contai form d		rm are no rently vali	t required id OMB co	to respon	d unless the		74 (9-02)
1. Title of	·		3A. Deemed Execution Date, if	4. Transac Code	s, calls, wa tion of Deriv ) Secur Acqu (A) o Dispo	mber ative ities ired r	contai form d quired, Disp s, options, c	ned in this fo lisplays a cur cosed of, or Ber convertible secu ercisable and Date	rm are no rently vali neficially O	t required id OMB co	to respondent of number of number 18. Price of	d unless the	f 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indire Beneficity Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transac Code	s, calls, wa tion of Deriv ) Secur Acqu (A) o Dispo	mber ative ities ired r osed )	contai form d quired, Disp s, options, c 6. Date Exe Expiration (Month/Da	ned in this folisplays a cur cosed of, or Ber convertible sect ercisable and Date y/Year)	rm are no rently valideficially Ourities)  7. Title and of Underly Securities	t required id OMB co	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	f 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natu of Indire Benefici Ownersh (Instr. 4)

#### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Burch Richard Alan 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.