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 OMB Number: 3235-0287 Estimated average burden hours per response.. 0.5

### 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

	pe Response	3)													
Name and Address of Reporting Person*  Duncan Gregory Scott				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 _X_ Officer (give title below) Other (specify below)  Chief Executive Officer				
(Last) (First) (Middle) C/O VIRIOS THERAPEUTICS, INC., 44 MILTON AVENUE				3. Date of Earliest Transaction (Month/Day/Year) 01/11/2021											
(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	y)	(State)	(Zip)			Table	I - Non-D	erivative	Securitie	s Acquire	ed, Disposed	of, or Benef	ficially Own	d	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year	Execution Execut	A. Deemed secution Date, if by Month/Day/Year)	(Instr. 8)		4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)						6. Ownership Form: Direct (D) or Indirect	Beneficial Ownership	
						C	ode V	Amount (A) or (D)		Price				(I) (Instr. 4)	
							in thi	s form a	are not re	quired t	collection of to respond u number.				1474 (9-02)
			Table II	- Derivat	ive Securit	ies Ac	in thi a cur	s form a rently va	are not re alid OMB	quired t control	o respond ι number.				1474 (9-02)
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transact Code	5. Num of Deri Securit Acquir or Disp of (D) (Instr. 3	her ber vative ies ed (A) osed	quired, Distance of the control of t	s form a rently va sposed of convertil cercisable a Date	are not re alid OME f, or Benef ble securi	equired to control ficially Otties)	orespond to number.  wned  and Amount orlying es	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Ownersl Form of Derivati Security Direct (1 or Indire	11. Nature of Indire- Beneficia ove Ownersh (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transact Code	5. Num of Deri Securit Acquir or Disp of (D)	her ber vative ies ed (A) osed	quired, Distance of the control of t	s form a rently va sposed of convertil tercisable a Date aay/Year)	are not realid OMB	required to control ficially Ortics)  7. Title a of Unde Securities	orespond to number.  wned  and Amount orlying es	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following	f 10. Ownersl Form of Derivati Security Direct (1 or Indire	11. Natur of Indire Beneficia Ownersh (Instr. 4)

### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Duncan Gregory Scott C/O VIRIOS THERAPEUTICS, INC. 44 MILTON AVENUE ALPHARETTA, GA 30009	X		Chief Executive Officer			

### **Signatures**

/s/ Greg Duncan	01/12/2021
**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).
- Stock options granted pursuant to the reporting person's employment agreement. Pursuant to that employment agreement, the reporting person was entitled to receive a total of 435,921 (1) stock options. In error, the Issuer previously granted only 414,125. This grant was made solely to correct the error in the number of stock options granted under the reporting person's employment agreement.

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.