FORM 4

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

OMB APPROVAL
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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

(Print or Ty	pe Response	s)										•				
1. Name and Address of Reporting Person * Pridgen William					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				
			(Middle) CS, INC., 44		ate of Earlie 21/2021	est Tra	nsacti	on (N	Month/Day	y/Year)		Office	er (give title belo	ow)	Other (specify	below)
(Street) ALPHARETTA, GA 30009				4. If	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 - No	n-De	erivative	Securit	ies Acq	uired, Disp	osed of, or l	Beneficially	Owned	
(Instr. 3)		2. Transaction Date (Month/Day/Year)	any	tion Date, if	f Coc (Ins	3. Transactio Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Beneficia Reported	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			7. Nature of Indirect Beneficial	
			(Month/Day/Year)			ode	V	Amount	(A) or (D)	Price	Ì	tr. 3 and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Stock		12/21/2021				P		8,827	A	\$ 5.664 (1)	1 12,327	12,327		I	401 (k) Account	
Common	Stock											710,73	4		D	
Reminder:	Report on a s	separate line f	for each class of secu	rities b	eneficially	owned	l direc	tly o	r indirectl	y.						
								cor	ntained i	n this i	form a	re not requ	ction of inf uired to res OMB con	spond unle	ess	1474 (9-02)
					ative Secur							ally Owned				
Security	2. Conversion or Exercise Price of Derivative Security		Execution D v/Year) any	ate, if			Number		5. Date Exercisable and Expiration Date Month/Day/Year)		Ar Ur Se	Title and mount of aderlying curities astr. 3 and	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owner Form of Deriva Securit Direct or Indi	f Beneficia Ownersh (Instr. 4)
					Code V	(A)	(D)		te ercisable	Expirat Date	tion Ti	Amount or Number of Shares	per			

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Pridgen William C/O VIRIOS THERAPEUTICS, INC. 44 MILTON AVENUE ALPHARETTA, GA 30009	X						

Signatures

/s/ Greg Duncan, Attorney-in-Fact	12/22/2021
**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).
- The price reported in Column 4 is a weighted average price. The shares were purchased in multiple transactions at prices ranging from \$5.375 to \$5.8799, inclusive. The (1) reporting person undertakes to provide Virios Therapeutics, Inc. ("Virios"), any security holder of Virios or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the ranges set forth in this footnote to this Form 4.
- (2) The number of shares reported are indirectly held within the Reporting Person's 401(k) account and are invested in the Tuscaloosa Surgical Assoc PC 401k U/A Dtd Jan 1, 2001 of which the Reporting Person is trustee.

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.