## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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				
(Last) (First) (Middle) C/O VIRIOS THERAPEUTICS, INC., 44 MILTON AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 05/17/2022							Office	r (give title belo	ow)	Other (specify	pelow)
(Street)				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					
	RETTA, G											_ `				
(City	)	(State)	(Zip)		Т	able I	- No	n-De	rivative	Securit	ties Acqu	iired, Disp	osed of, or I	Beneficially	Owned	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Yea	Execu	Deemed ution Date, if	(Instr. 8)		tion	A. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			Ownership Form:	Beneficial	
			(Mon	(Month/Day/Year)		ode	V	Amount	(A) or (D)	Price	(Instr. 3	str. 3 and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Stock			05/17/2022			I	P		13,450	A	\$ 4.3802	2 36,469	36,469		I	401 (k) Account (2)
Common Stock											709,23	709,234		D		
Reminder:	Report on a s	separate line f	or each class of se	curities	beneficially o	owned		Per	sons whatained i	no resp no this	form ar	e not requ	ction of inf uired to res OMB conf	spond unle	ss	1474 (9-02)
			Table I		ative Securi				-			•				
Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day	Execution	ed Date, if	4. Transaction Code	5. Num of Deriv	ber vative rities nired or osed 0) r. 3,	and Expiration Date (Month/Day/Year)  A U Si (I d)  d d		7. T Am Und Sec			f 9. Number of e Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form of Derivat Security Direct ( or Indir	Beneficia Ownershi (Instr. 4)	
					Code V	(A)	(D)	Dat Exe	te ercisable	Expira Date	tion Titl	Amount or Number of Shares				

### **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	05/18/2022		
**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).
- The price reported in Column 4 is a weighted average price. The shares were purchased in multiple transactions at prices ranging from \$3.94 to \$4.57, 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.