## FORM 4

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

OMB APPRO	VAL
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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

1 Name and Ad	(lesponses														
1. Name and Address of Reporting Person * Marques Manuel A  (Last) (First) (Middle) REPRO MED SYSTEMS, INC., 24 CARPENTER ROAD				2. Issuer Name and Ticker or Trading Symbol REPRO MED SYSTEMS INC [REPR]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director  Z Officer (give title below)  Chief Operating Officer					
				3. Date of Earliest Transaction (Month/Day/Year) 08/02/2019											w)
CHESTER, 1	NY 109	(Street)		4. If Amo	endment,	Date Orig	ginal Filed(M	onth/Day/Y	Year)		Individual or Form filed by C Form filed by M	ne Reporting F	'erson	Applicable Line	:)
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu						Acquire	lired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yea)  Common Stock  08/02/2019			2A. Deemed Execution Date, any (Month/Day/Yea		if Code (Instr.	(	A) or Disposed of (D) Instr. 3, 4 and 5)		O Tr	Owned Following Transaction(s)		i	Ownership Form:	7. Nature of Indirect Beneficial	
					r) Co	de V	Amount	(A) or (D)	Price	(Instr. 3 and 4)			Direct (D) Ownersh (Instr. 4)  (I) (Instr. 4)		
				N	Л 95	5,000 A	\$ 0.36 95,0	5,000		D	D				
											o respond u number.	nless the	torm dispia	ys	
											ollection of				1474 (9-02)
	onversion	3. Transaction Date (Month/Day/Year)	Table II  3A. Deemed Execution Date, if any	( <i>e.g.</i> , pu	5. N	warrants imber erivative	a curre uired, Disp , options, co	osed of, overtib rcisable Date	lid OMB or Benefi le securit	control	number.  vned  and Amount rlying	8. Price of	9. Number of Derivative Securities		
Derivative Security (Instr. 3) Prior Derivative or 1	onversion	Date	3A. Deemed Execution Date, if	4. Transac Code	5. Notion of D Secution of D Acquior D of (I	warrants umber erivative rities hired (A) sposed b) 1. 3, 4,	a curre uired, Disp , options, co 6. Date Exe Expiration 1	osed of, overtib rcisable Date	lid OMB or Benefi le securit	icially Ovies)  7. Title a of Under	number.  vned  and Amount rlying es	8. Price of Derivative	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	f 10. Owners Form of Derivati Security Direct ( or Indires)	hip of Indire Benefici Ownersl (Instr. 4)
Derivative Security (Instr. 3) Prior Derivative or 1	enversion Exercise ice of erivative	Date	3A. Deemed Execution Date, if any	4. Transac Code	5. Notes of D Securition of D Security or D of (I (Inst	warrants umber erivative rities hired (A) sposed b) 1. 3, 4,	a curre uired, Disp , options, co 6. Date Exe Expiration 1	osed of, nvertib rcisable Date //Year)	or Benefi le securit and	icially Ovies)  7. Title a of Under Securities	number.  vned  and Amount rlying es	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Owners Form of Derivati Security Direct ( or Indire	hip of Indire Benefici Ownersl (Instr. 4)

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Marques Manuel A REPRO MED SYSTEMS, INC. 24 CARPENTER ROAD CHESTER, NY 10918			Chief Operating Officer		

## **Signatures**

/s/ Manuel A. Marques	08/06/2019
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).

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.