FORM 4

Check this box if no 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

Print or Type Responses) 1. Name and Address of Reporti FLETCHER R JOHN		2. Issuer Name and Ticker or Trading Symbol REPRO MED SYSTEMS INC [KRMD]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director (Check all applicable)							
(Last) C/O REPRO MED SYSTI	Middle)	3. Date of Earliest Transaction (Month/Day/Year) 03/31/2020						Officer (give title below) X Other (specify below) Chairman of the Board							
(Street) CHESTER, NY 10918				4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person				
(City) (State) (Zip)					Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1.Title of Security (Instr. 3)	2. Trans (Month/I			tion Date 2A. Deemed Execution Date, if any (Month/Day/Year)		, , ,		Disposed o	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership	Beneficial
				(IVIOI	an Day, Tear	Code	v	Amount	(A) or (D)	Price				or Indirect (I) (Instr. 4)	
Common Stock 03/31/20			20	A 2,500 A \$7.5 24,313				D							
Reminder: Report on a separate	line for each class of	securities beneficially	owned directly or in	ndirectly.											
Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.															
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)															
Title of Derivative Security (Instr. 3)	Exercise Price of (Month/Day/Year) Execution Date any		3A. Deemed Execution Date, if any (Month/Day/Year)	(Instr. 8) Sec Dis		Number of Derivative ecurities Acquired (A) or isposed of (D) nstr. 3, 4, and 5)		Expiratio	6. Date Exercisable and Expiration Date (Month/Day/Year)		e and Amount of Underlying ties 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially	Ownership Form of Derivative	Beneficial Ownership
				Code	V	(A)	(D)	Date Exercisab	Expiration Date	Title	Amount or Number of Shares		Owned Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect	(Instr. 4)
				Code	V	(A)	(D)								

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
FLETCHER R JOHN C/O REPRO MED SYSTEMS INC 24 CARPENTER ROAD CHESTER, NY 10918	X			Chairman of the Board		

Signatures

/s/ R. John Fletcher	04/01/2020
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).

Remarks:

The filing of this statement shall not be construed as an admission (a) that the person filing this statement is, for the purposes of Section 16 of the Securities Exchange Act of 1934, as amended, the beneficial owner of any equity securities

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.