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: Estimated average burden hours per response... 3235-0287

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 Reporting Person ⁺ Pettigrew Donald B			2. Issuer Name and Ticker or Trading Symbol REPRO MED SYSTEMS INC [KRMD]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			
(Last) (First) (Middle) REPRO MED SYSTEMS, INC., 24 CARPENTER ROAD		3. Date of Earliest Transaction (Month/Day/Year) 12/09/2020						[X_Officer (give title below) Other (specify below) Chief Executive Officer			
(Street) CHESTER, NY 10918		4. If Amendment, Date Original Filed(Month/Day/Year)				e 	6. Individual or Joint/Group Filing/Check Applicable Line) X. Form filel by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)		Table I - Non-Derivative Securities Acquired,					ed, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)			execution Date, if	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. 7. Nature Ownership Form: Beneficial	of Indirect Beneficial	
			(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price		Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	12/09/20	20		Р		1,000	А	\$ 5.07	1,000	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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. SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(<i>e.g.</i> , puts, calls, warrants, options, convertible securities)																
1. Title of Derivative Security	2. Conversion or	3. Transaction Date	3A. Deemed	4. Transaction C	ode	5. Number of De	rivative	6. Date Exerc	isable and	7. Title	and Amount of Underlying	8. Price of	9. Number of	10.	11. Nature	
(Instr. 3)	Exercise Price of	(Month/Day/Year)	Execution Date, if	(Instr. 8)		Securities Acquir	red (A) or	Expiration Da	ate	Securiti	25	Derivative	Derivative	Ownership	of Indirect	
	Derivative		any			Disposed of (D)		(Month/Day/	Year)	(Instr. 3	and 4)	Security	Securities	Form of	Beneficial	
	Security		(Month/Day/Year)			(Instr. 3, 4, and 5)					(Instr. 5)	Beneficially	Derivative	Ownership	
														Security:	(Instr. 4)	
														Direct (D)		
								Date	Expiration	Title	Amount or Number of Shares		Reported	or Indirect		
								Exercisable	Date				Transaction(s)	(I)		
				Code	V	(A)	(D)						(Instr. 4)	(Instr. 4)		

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Pettigrew Donald B REPRO MED SYSTEMS, INC. 24 CARPENTER ROAD CHESTER, NY 10918			Chief Executive Officer					

Signatures

/s/ Donald B. Pettigrew	12/09/2020
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.