## FORM 4

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

OMB APPE	ROVAL
OMB Number:	3235-0287
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hours per response	0.5

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

					Re	elationsh	ips										
Repoi	ting O	wners															
Stock Option	\$ 2.56	02/15/2021		A		25,000	)	Ĺ	(1)	02/15/20	031	Common Stock	25,000	\$ 0.001	25,000	D	
				Code	V	(A)	(D)	Date Exerc	cisable	Expiration Date	n 7	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4	)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)	Code		5. Numl of Deriv Securiti Acquire or Dispo of (D) (Instr. 3 and 5)	vative es (Month/Dosed)		ration I	xercisable and n Date Day/Year)		7. Title and of Underlyi Securities (Instr. 3 and	lying Deriv		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	Owners Form of Derivati Security Direct ( or Indirects)	Beneficia Ownersh (Instr. 4)
			Table II -					in dis uired,	this for splays Dispo		ot red itly va Benefi	quired to alid OMB icially Owr	respond control r	unless the	tion contain e form	ned SEC	1474 (9-02)
Commor		separate line for each	n class of securities	beneficia	ılly o	wned dir	rectly	or indi	irectly.			9,64	48			I	Held by 401(k) Plan
(Instr. 3) Date		2. Transaction Date (Month/Day/Year	2A. Deemed Execution Date, if any (Month/Day/Year		Date, if	(Instr. 8)		(A (I	4. Securities Acc (A) or Disposed (Instr. 3, 4 and 5)  (A) or Amount (D)						6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
(Cit		(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned													
(Street) DUBLIN, OH 43017				4. If Amendment, Date Original Filed(Month/Day/Year)							)	_X_ F	6. Individual or Joint/Group Filing(Check Applicable Line)  X_ Form filed by One Reporting Person  Form filed by More than One Reporting Person				
(Last) (First) (Middle) 4995 BRADENTON AVE., SUITE 240				3. Date of Earliest Transaction (Month/Day/Year) 02/15/2021										Cilici	Business Off	icci	
Name and Address of Reporting Person –  Kaufman Joel H.				2. Issuer Name and Ticker or Trading Symbol NAVIDEA BIOPHARMACEUTICALS, INC. [NAVB]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X Officer (give title below)  Chief Business Officer						

		Relationships					
Reporting Owner Name	/ Address	Director	10% Owner	Officer	Other		
Kaufman Joel H. 4995 BRADENTON AVE DUBLIN, OH 43017	., SUITE 240			Chief Business Officer			

## **Signatures**

/s/ Jed A. Latkin for Joel H. Kaufman, by power of attorney	02/17/2021
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).

Stock options granted pursuant to Issuer's 2014 Amended and Restated Stock Incentive Plan, which vest as to one-third on each of the first three anniversaries of the date of (1) grant.

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.