## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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

(Print or Ty	pe Response	s)														
1. Name and Address of Reporting Person* FARB THOMAS F				2. Issuer Name and Ticker or Trading Symbol NAVIDEA BIOPHARMACEUTICALS, INC. [NAVB]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_ Director Officer (give title below) Other (specify below)					
(Last) (First) (Middle) 4995 BRADENTON AVE., SUITE 240				3. Date of Earliest Transaction (Month/Day/Year) 11/15/2021												
DUBLIN, OH 43017				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)		Т	able I	- Nor	ı-Der	ivative	Securiti	es Acq	uired, Disp	osed of, or l	Beneficially	Owned	
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)			Execu	Deemed ation Date, i	Coc (Ins	ransa le str. 8)	ction 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)			Form:	7. Nature of Indirect Beneficial		
			(Month/Day/Year)			ode	V	Amour	(A) or (D)	Price		inu 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Stock		11/15/2021				A		30,00 (1)	0 A	\$ 0.00	30,000	00		D		
Common Stock		11/15/2021				A		2,175 (2)	A	\$ 0	32,175	5		D		
Common Stock			11/30/2021				A		1,250 (3)	A	\$ 0	33,425	5		D	
Reminder:	Report on a s	separate line fo	or each class of secur		eneficially o			Pers cont the f	ons wi ained i orm di	no resp n this f splays	orm a	re not requently valid	OMB con	formation spond unle trol numbe	ss	1474 (9-02)
T		ı		(e.g., p	uts, calls, w	arran		tions	, conver	tible sec	curities	)		1		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/	Execution Da	te, if	Code	of Deriv Secur Acqu (A) o Dispo of (D (Instr	Number and Ex		ate Exercisable Expiration Date nth/Day/Year)		An Un Sec	Fitle and nount of derlying curities str. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form o Derivat Security Direct ( or Indir	Beneficial Ownershi (Instr. 4)  D) ect
					Code V	(A)	(D)	Date Exer	e rcisable	Expirat Date	ion Tit	Amount or Number of Shares				

### **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
FARB THOMAS F 4995 BRADENTON AVE., SUITE 240 DUBLIN, OH 43017	X						

#### **Signatures**

12/02/2021

****	Date
—Signature of Reporting Person	Date
	- <del></del>

#### **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).
- (1) Restricted shares 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 grant.
- (2) Stock issued under the Amended and Restated 2014 Stock Incentive Plan in partial payment of quarterly non-employee director fees.
- (3) Stock issued under the Amended and Restated 2014 Stock Incentive Plan in partial payment of monthly non-employee director fees.

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.