# 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

Name and Address of Reporting Person *  CAPPELLO ALEXANDER L			2. Issuer Name and Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
				NAVIDEA BIOPHARMACEUTICALS, INC. [NAVB]				NC.	_X_ DirectorOfficer (give title below)			10% Owner Other (specify below)	
(Last) (First) (Middle) 4995 BRADENTON AVE., SUITE 240			3. Date of Earliest Transaction (Month/Day/Year) 12/31/2021										
(Street)			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)	LIN, OH 43017					Beneficially	Owned						
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transac Code (Instr. 8)	4. Sec (A) or (D)	4. Securities Acquire (A) or Disposed of		5. Amoun Beneficial	t of Securities lly Owned Following Transaction(s)		6. Ownership Form: Direct (D)	Beneficial Ownership
					Code	V Amou	(A) or (D)	Price			or Indirect (I) (Instr. 4)		(Instr. 4)
Common S	Stock		12/31/2021		A	2,500 (1)	) A	\$ 0	41,477			D	
Reminder: Re	eport on a s	eparate line for	each class of secur	ities beneficially ow	F	Persons w	ho respon			ction of inf			474 (9-02)
Reminder: Re	eport on a s	eparate line for	Table II - I	Derivative Securiti	es Acquirec	Persons w contained he form d	ho respondin this for isplays a coording of, or Bene	m are currei eficial	not requesting ntly valid	uired to res OMB cont	ormation spond unle trol numbe	ss	474 (9-02)
1. Title of 2 Derivative C Security of (Instr. 3)	2.	3. Transaction Date (Month/Day/Y	Table II - I	Derivative Securities, puts, calls, wa  4. Transaction Code (Instr. 8)	es Acquirec rrants, opt	Persons w contained he form d	of, or Bendriisble securicisable	eficial rities) 7. Ti Amo	not requesting ntly valid	OMB conf	spond unle	of 10. Ownersh Form of Derivativ Security: Direct (C or Indirec	11. Nat of Indir Benefic Owners (Instr. 4

### **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
CAPPELLO ALEXANDER L 4995 BRADENTON AVE., SUITE 240 DUBLIN, OH 43017	X				

## **Signatures**

/s/ Erika L. Eves for Alexander L. Cappello, by power of attorney	01/04/2022
**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).
- (1) 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.