FORM 4

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

OMB APPE	ROVAL
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

1. Title of Derivative Security (Instr. 3)	or Exercise Price of Derivative Security	(Month/Day/Year)			or of (Is	Dispo (D) nstr. 3,	1 (A) sed 4, D	Month/Day Date Exercisable	/Year) Expiration Date	(Ins	urities tr. 3 and	Amount or Number of	Security (Instr. 5)	Owned Following Reported	Security Direct (or Indir	hip of Indire Benefici Ownersh (Instr. 4)
Derivative Security	or Exercise Price of Derivative	(Month/Day/Year)			or of (Is	Dispo (D) nstr. 3,	d (A) sed	Month/Day	/Year)			14)		Beneficially Owned Following Reported Transaction	Form of Derivat Security Direct (or Indir (s) (I)	hip of Indire Benefici Ownersh (Instr. 4)
			3A. Deemed Execution Date, if any (Month/Day/Year)	Transaction of Code S (Instr. 8) A		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		xpiration [Inderlyi	ing Der Sec	8. Price of Derivative	Beneficially Owned Following Reported Transaction(s		Beneficia Ownersh (Instr. 4)
			Table II -					in this fo	orm are n s a currer sed of, or l	ot requi tly valic Beneficia	red to I OMB	respond control r	unless the	tion contair e form	ned SEC	1474 (9-02)
Common Stock Reminder: Report on a separate line for each class of securities			s beneficially owned d			ectly or	indirectly.			6,81	6,816		I	I	Held by 401(k) Plan	
(Instr. 3)			Date (Month/Day/Year) any	ion Dat	(1	Code Instr. 8)) (I			O) Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)	
1.Title of S		(State)	(Zip) 2. Transaction	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 2A. Deemed 3. Transaction 4. Securities Acquired 5. Amount of Securities Beneficially 6. 7.							7. Nature					
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					
4995 BR		N AVE., SUITE	3. Bute of Eurnest Transaction (World Buy/ Tear)													
Name and Address of Reporting Person* Rosol Michael Stanley			2. Issuer Name and Ticker or Trading Symbol NAVIDEA BIOPHARMACEUTICALS, INC. [NAVB]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X_ Officer (give title below) Other (specify below) Chief Medical Officer					

4995 BRADENTON AVE., SUITE 240 DUBLIN, OH 43017

Signatures

Rosol Michael Stanley

/s/ Jed A. Latkin for Michael S. Rosol, by power of attorney	02/17/2021
**Signature of Reporting Person	Date

Explanation of Responses:

Reporting Owner Name / Address

- * 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).

10%

Owner

Officer

Chief Medical Officer

Other

Director

(1) 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 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.