## 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

1. Name and Address of Reporting Person * Rouan Sarah Kathryn			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) 06/30/2021											
DUBLIN, OH 43017		4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State)		(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1.Title of Security (Instr. 3)		nth/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year	3. Transaction Code (Instr. 8)		4. Securities Acqu (A) or Disposed of (D) (Instr. 3, 4 and 5)		of	Beneficial	nt of Securities ally Owned Following Transaction(s)		Ownership Form: Direct (D)	Beneficial Ownership
				Code	V	Amour	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
	0.615	30/2021		A		4,892	A	\$ 0	18,242			D	
Common Stock  Reminder: Report on a separate li			ties beneficially ov		Pers	ons wh	no respor n this for	m are	not requ		spond unle	ss	474 (9-02)
		class of securi	ties beneficially or	vned dire	Pers cont the f	indirectly ons whained in	no respor n this for splays a	m are curre	not requesting ntly valid	uired to res		ss	474 (9-02)
Reminder: Report on a separate li  1. Title of 2. 3. Transa Derivative Conversion Date	ine for each	Table II - D	Derivative Securities, puts, calls, was 4. e, if Transaction Code (Instr. 8)	vned dire	Pers cont the fored, Di potions, 6. Do and 1 (Mores)	indirectly ons when ained in orm dis	on respor n this for splays a coof, or Ben tible secur cisable on Date	eficial rities) 7. Tanda Und Seco	not requesting ntly valid	OMB conf	spond unle	of 10. Ownersh Form of Derivativ Security: Direct (C or Indirec	11. Nation of India Benefic Owner (Instr.

### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Rouan Sarah Kathryn 4995 BRADENTON AVE., SUITE 240 DUBLIN, OH 43017	X					

## **Signatures**

/s/ Jed A. Latkin for S. Kathryn Rouan, by power of attorney	07/07/2021
**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).
- (1) Stock issued under the Amended and Restated 2014 Stock Incentive Plan in partial payment of quarterly 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.