FORM 4

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

OMB APPR	ROVAL
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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 *- Rosol Michael Stanley			2. Issuer Name and Ticker or Trading Symbol NAVIDEA BIOPHARMACEUTICALS, INC. [NAVB]					C	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Officer (give title below)						
	(Last) (First) (Middle) 4995 BRADENTON AVE., SUITE 240			3. Date of Earliest Transaction (Month/Day/Year) 12/27/2021								Cilier	Medical Offic	er	
(Street) DUBLIN, OH 43017			4. If Amendment, Date Original Filed(Month/Day/Year) 12/29/2021						6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person lired, Disposed of, or Beneficially Owned						
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu										es Acquire		
(Instr. 3) Da		2. Transaction Date (Month/Day/Year	Execu any	eemed ition Date, i th/Day/Yea	Code (Instr		4. Securities Acq (A) or Disposed of (Instr. 3, 4 and 5)		of (D) Ov Tra	5. Amount of Securities B Owned Following Reporte Transaction(s) (Instr. 3 and 4)			6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Со	de V	Amount (A) o		Price			(I)	(I) (Instr. 4)	,
Reminder:	Report on a	separate line for each	n class of securities b	peneficial	lly owned o	irectly o	Pers	ons who			collection of				1474 (9-02)
Reminder:	Report on a s	separate line for each		- Deriva	ntive Secur	ties Acc	Pers in th a cu quired, D	ons who is form a rrently va	re not ralid OMI	equired to B control eficially Ov	o respond u number.				1474 (9-02)
1. Title of	•	3. Transaction Date	Table II 3A. Deemed Execution Date, if	- Deriva (e.g., p 4. Transac Code	tive Secur uts, calls, v 5. Nun tion Deriva Securi) Acqui	ties Accordants her of tive ties red (A) posed of	Persin that a cu	ons who is form a rently va sposed of, convertib	re not realid OMI , or Beneale secure e and	equired to B control eficially Ov ities)	o respond unumber. wned ad Amount ying	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	of 10. Owners Form o Derivat Security Direct (or Indir (s) (I)	11. Nature of Indire Beneficitive Owners! (Instr. 4
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II 3A. Deemed Execution Date, if any	- Deriva (e.g., p 4. Transac Code	tive Secur uts, calls, v 5. Nu tion Derive Securi or Dis (D) (Instr.	ties Acceptants and the control of t	Persin the a cu	ons who is form a rrently va sposed of, convertil Expir	re not ralid OMI	equired to B control eficially Ovities) 7. Title an of Underly Securities	o respond unumber. wned ad Amount ying	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	of 10. Owners Form o Derivat Security Direct (or Indir	11. Nature of Indire Beneficitive Owners! (Instr. 4

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Rosol Michael Stanley 4995 BRADENTON AVE., SUITE 240 DUBLIN, OH 43017			Chief Medical Officer			

Signatures

/s/ Erika L. Eves for Michael S. Rosol, by power of attorney	03/08/2022
**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 options granted pursuant to Issuer's 2014 Amended and Restated Stock Incentive Plan, which vest quarterly over a four-year period beginning on April 1, 2022.

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.