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

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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 *  Cataldo Tony				2. Issuer Name <b>and</b> Ticker or Trading Symbol GT Biopharma, Inc. [GTBP]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director _X_ 10% Owner						
9350 WILSHIRE BLVD., SUITE 203				3. Date of Earliest Transaction (Month/Day/Year) 08/14/2019						X Officer (give title below) Other (specify below)  CEO						
(Street) BEVERLY HILLS, CA 90212			4. It	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person						
	(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu					Acqui	lired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Ye	Execu ar) any	Deemed ation Date, if th/Day/Year)	ce, if Code (Instr. 8)		4. Securities Acquire (A) or Disposed of (Instr. 3, 4 and 5)		D) Benefic Reporte		ount of Securities cially Owned Following ed Transaction(s) 3 and 4)			Beneficial Ownership	
						Code	V	Amount	(A) or (D)	Price				or Indirect (I) (Instr. 4)	l` '	
common	stock		08/14/2019			A		7,000,00	0 A	\$ 0	10,734	,320		D		
Reminder: 1	Report on a s	separate line	for each class of	securities	beneficially of	owned dir	Pe	rsons who	respor			ction of inf	ormation		1474 (9-02)	
Reminder: 1	Report on a s	separate line		II - Deriv	beneficially of	ties Acqu	Per cor the	rsons who ntained in form dis	respon this for plays a	m are curren eficiall	not requ tly valid	uired to res		ss	1474 (9-02)	
1. Title of	2.	3. Transacti Date (Month/Day	on 3A. Dee Execution //Year) any	II - Deriv (e.g., ned n Date, if	vative Securi	ties Acqu varrants,	Per con the ired, loption 6. and (M	rsons who ntained in form dis	responding this for blays a control of the second sable in Date	eficiallrities) 7. Tit Amo Unde	not required the valid y Owned the and unt of orlying	OMB conf	spond unle	of 10. Ownersl Form of Derivati Security Direct (1 or Indire	11. Nation of Indir Benefic Owners (Instr. 4)	

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Cataldo Tony 9350 WILSHIRE BLVD. SUITE 203 BEVERLY HILLS, CA 90212	X	X	CEO			

# **Signatures**

/s/ Tony Cataldo	08/16/2019	
**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).

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.