## FORM 4

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

OMB APPE	ROVAL
OMB Number:	3235-0287
Estimated average	burden
hours par 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 *  Dion Gisele		2. Issuer Name and Ticker or Trading Symbol Inhibikase Therapeutics, Inc. [IKT]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_ Director 10% Owner							
(Last) (First) (Middle) C/O INHIBIKASE THERAPEUTICS, INC., 3350 RIVERWOOD PARKWAY SE, SUITE 1900 (Street) ATLANTA, GA 30339			CS, INC., 3350	3. Date of Earliest Transaction (Month/Day/Year) 09/01/2022					Officer (giv	e title below)	Other	(specify below)	)	
			4. If Amendment, Date Original Filed(Month/Day/Year)					_X_	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person				)	
(Cit	y)	(State)	(Zip)	Table I - Non-Derivative Securities Acqu			s Acquired	nired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yea			Execution Date, if any (Month/Day/Year)		(Inst	(Instr. 3, 4 and 5) (A) or		of (D) Own Train	(D) Owned Following Reported Transaction(s) (Instr. 3 and 4)		d C F D o	orm: B orect (D) or r Indirect (I	Nature Indirect eneficial wnership nstr. 4)	
Reminder:							Perso	ns who respon	d to the co	ollection of	of informat	tion containe	<b>d</b> SEC 14	174 (9-02)
Kellinder.							in this displa	ns who respon form are not re ys a currently posed of, or Bene onvertible secur	equired to valid OMB eficially Ow	respond control r	unless the		ed SEC 14	174 (9-02)
1. Title of	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transac Code	ts, calls,  5. N  of I  Sec  or I  of (1)	umber erivativarities uired (A isposed D) r. 3, 4,	quired, Displayed, Options, c  6. Date Expiration (Month/Date)	form are not re ys a currently to cosed of, or Bene onvertible secur- tercisable and Date	equired to valid OMB eficially Ow	respond control r red d Amount	unless the number.	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indire Beneficie Ownersh (Instr. 4)
1. Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transac Code	ts, calls,  5. N  sec  Acc  or I  of (Ins  and	umber erivativarities uired (A isposed D) r. 3, 4,	quired, Displays, options, c 6. Date Expiration (Month/Displays)  Date Exercisable	form are not response of or Beneficial Security of the Convertible security of the Con	equired to valid OMB eficially Ow ities)  7. Title and of Underly Securities	respond control r red d Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natu p of Indire Benefici Ownersh (Instr. 4)

#### **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Dion Gisele C/O INHIBIKASE THERAPEUTICS, INC. 3350 RIVERWOOD PARKWAY SE, SUITE 1900 ATLANTA, GA 30339	X				

### **Signatures**

/s/ Milton H. Werner, Attorney-In-Fact	09/06/2022	
**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) The option shares vest 50% on each of the first two anniversaries of September 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.