## FORM 4

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

OIVID APPR	OVAL
OMB Number:	3235-028
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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

(Print or Ty	pe response													
1. Name and Address of Reporting Person* BERMAN DENNIS N			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					
3350 RIV		D PARKWAY S	SE, SUITE 1900	3. Date of 06/25/2		ransac	tion (Month/D	ay/Year)	_	Officer (give	e title below)	Other	(specify below)	
(Street)			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					
ATLANTA, GA 30339 (City) (State) (Zip)			Table I - Non-Derivative Securities Acqu				es Acquire	uired, Disposed of, or Beneficially Owned						
1.Title of S (Instr. 3)	ecurity		2. Transaction Date (Month/Day/Yea	r) any	eemed tion Date, if h/Day/Year)	Code (Inst	e (A	Securities Acqual or Disposed constr. 3, 4 and 5)	of (D) Ov Tr	Amount of S wned Follow ransaction(s) nstr. 3 and 4)		d (	Ownership Corm: EDirect (D) Cor Indirect (	7. Nature of Indirect Beneficial Ownership Instr. 4)
						Co	ode V A	mount (A) or (D)	Price			· ·	I) Instr. 4)	
Reminder:	Report on a s	separate line for each	class of securities l	benenciai	ny owned di	cctry	Person	s who respon						474 (9-02)
Reminder:	Report on a s	separate line for eacl		- Deriva	ntive Securit	ies Ac	Person in this t a curre	s who respond orm are not really valid OME sed of, or Bene nvertible securi	equired to 3 control ficially Ov	o respond number.				474 (9-02)
1. Title of Derivative Security	2. Conversion	3. Transaction	Table II  3A. Deemed Execution Date, if	- Deriva (e.g., p) 4. Transact Code	5. Num of Deriv Securiti	ies Acarrant ber vative es ed (A) osed	Person in this to a curre quired, Disports, options, co 6. Date Exert Expiration D (Month/Day/	orm are not rently valid OME sed of, or Bene nvertible securion isable and ate	equired to 3 control ficially Ov ities)	orespond number. wned and Amount clying s	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirec Beneficia Ownershi (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II  3A. Deemed Execution Date, if any	- Deriva (e.g., p) 4. Transact Code	titive Securiti uts, calls, ws 5. Num of Deriv Securiti Acquire or Disp of (D) (Instr. 3	ies Acarrant ber vative es ed (A) osed	Person in this to a curre quired, Disports, options, co 6. Date Exert Expiration D (Month/Day/	orm are not rently valid OME sed of, or Bene nvertible securion isable and ate	ficially Ovities)  7. Title a of Under Securitie	orespond number. wned and Amount clying s	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. Nature of Indirec Beneficia Ownershi (Instr. 4)

#### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
BERMAN DENNIS N 3350 RIVERWOOD PARKWAY SE, SUITE 1900 ATLANTA, GA 30339	X					

#### **Signatures**

/s/ Milton H. Werner, attorney-in-fact	06/29/2021
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).

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.