FORM 4

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

| OMB APPROV | /AL |
|-----------------------|-----------|
| OMB Number: | 3235-0287 |
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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 Typ | e Responses |) | | | | | | | | | | | | | | | | | |
|--|---|--|-------------------------------|--|---|---|---------------------------|---------|--|--|----------------|-----------------------------|--|--|------|--|--|-----------------------|--|
| 1. Name and Address of Reporting Person *- ALLEN SIMON | | | | | 2. Issuer Name and Ticker or Trading Symbol Anebulo Pharmaceuticals, Inc. [ANEB] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
| (Last) (First) (Middle) C/O ANEBULO PHARMACEUTICALS, INC., 1415 RANCH ROAD 620 SOUTH, SUITE 201 | | | | 02 | 3. Date of Earliest Transaction (Month/Day/Year) 02/07/2022 | | | | | | | | | X Officer (give title below) Other (specify below) Chief Executive Officer | | | | | |
| (Street) LAKEWAY, TX 78734 | | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | | _X_ I | 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 | | | | | | | | | ired, Disposed of, or Beneficially Owned | | | | | | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year | | | y/Year) | 2A. Deemed Execution Dat any (Month/Day/Y | | | 3. Tra Code (Instr. | (A) | | Securities Acquire a) or Disposed of (Instr. 3, 4 and 5) | | f (D) Own Tran | | | j | 6. Ownership Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | (| | , | Со | de | V An | nount (| (A) or (D) | Price | | | | or Indirect (I) (Instr. 4) | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, | te, if Co | 4. Transaction Code | | 5. Number of | | quired, Disposed of, o s, options, convertible 6. Date Exercisable at Expiration Date (Month/Day/Year) | | | OMB c r Benef securit | ficially Owneries) 7. Title and of Underly Securities | Ily Owned Title and Amount Underlying | | 9. Number of Derivative Securities Beneficially Owned Following Reported | of 10. Owners Form of Derivati Security Direct (or Indire | Ownersh (Instr. 4) | |
| | | | | C | Code | V | and 5) | (D) | Date Exercis | sable | Expira Date | tion | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | (s) (I) (Instr. 4 |) | |
| Option to purchase Common Stock (1) | \$ 6.15 | 02/07/2022 | | | A | | 625,000 | | 04/01 | /2022 | 01/31 | /2027 | Commor Stock | 625,000 | \$ 0 | 625,000 | D | | |
| Repor | ting O | wners | | | | | | | | | | | | | | | | | |
| | | | | | Relationships | | | | | | | | | | | | | | |
| Reporting Owner Name / Address | | | | Directo | or 10 | % | Of | Officer | | | | Other | | | | | | | |

Signatures

ALLEN SIMON

LAKEWAY, TX 78734

| /s/ James R. Merchant, as Attorney-in-Fact | 02/07/2022 |
|--|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

C/O ANEBULO PHARMACEUTICALS, INC.

1415 RANCH ROAD 620 SOUTH, SUITE 201

- * 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).

Owner

(1) Mr. Allen received a stock option to purchase 625,000 shares of the Issuer's common stock pursuant to the Issuer's 2020 Stock Incentive Plan, which will vest in equal quarterly installments commencing on April 1, 2022 through January 1, 2026.

Chief Executive Officer

| 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. |
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