FORM 4

# **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB	<b>APPROVAL</b>
OIVID	AFFRUVAL

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# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

purchase or sale issuer that is inte	of equity securities of ended to satisfy the use conditions of Rule instruction 10.								
1. Name and Addres	ess of Reporting Per	son <sup>*</sup>	2. Issuer Name <b>and</b> Ticker or Trading Symbol Apimeds Pharmaceuticals US, Inc. [ APUS ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner					
				X Director 10% Owner Officer (give title Other (specify					
(Last) (First) (Middle) C/O APIMEDS PHARMACEUTICALS US, INC. 100 MATAWAN ROAD, SUITE 325			3. Date of Earliest Transaction (Month/Day/Year) 11/11/2025	below) below)					
(Street) MATAWAN	NJ	07747	4. If Amendment, Date of Original Filed (Month/Day/Year)	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 Acquired, Disposed of, or Beneficially Owned

in this or coounty (mounty)	2. Transaction Date (Month/Day/Year)  (Month/Day/Year)  2. Deemed Execution Date, if any (Month/Day/Year)		on Date, Transaction Code (Instr.					5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr.	Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
			Code	v	Amount	(A) or (D)	Price	3 and 4)		(Instr. 4)	

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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, if any (Month/Day/Year)	4. Transac Code (Ir 8)		5. Numb Derivativ Securitie Acquired Dispose (D) (Instr and 5)	/e es d (A) or d of	Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Stock Option (right to buy)	\$2.67	11/11/2025		A		10,000		(1)	11/11/2035	Common Stock, par value \$0.01 per share	10,000	\$0	10,000	D	

#### Explanation of Responses:

1. The shares of common stock subject to the option shall vest in quarterly installments beginning October 1, 2025, such that the award shall be fully vested after three years subject to the reporting person's employment continuing through and on each vesting date. This option is not exercisable until stockholder approval is obtained to approve an amendment to the Company's incentive plan (the "Plan") to increase the number of shares of common stock available for issuance under the Plan. The shares of common stock subject to the option shall vest in full vest upon the occurrence of a Change in Control, as defined in the Plan.

/s/ Nelson Mullins Riley & Scarborough LLP, Attorney-in-Fact
\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.