FORM 4

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

OMB APPROVAL
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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	s)		1											
1. Name and Address of Reporting Person* Keefer David R				2. Issuer Name and Ticker or Trading Symbol Virios Therapeutics, Inc. [VIRI]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) C/O VIRIOS THERAPEUTICS, INC., 44 MILTON AVENUE				3. Date of Earliest Transaction (Month/Day/Year) 01/04/2022						Office	er (give title belo	ow)	Other (specify	below)	
(Street) ALPHARETTA, GA 30009				4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line)					
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqui					ired, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)					Code (Instr. 8)		tion 4. Securities Acquire (A) or Disposed of (Instr. 3, 4 and 5)			Beneficially Owned Following Reported Transaction(s)			Form:	7. Nature of Indirect Beneficial	
			(Month/Day/Year)		Code	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
Common Stock		01/04/2022			P		5,000		\$ 5.795 (1)	5,000		D			
Common Stock										7,808		I	Ethica Group, LLC (2)		
Reminder:	Report on a s	separate line fo	or each class of secu		· ·		Pers con the	sons wh tained ir form dis	o responding this following the second this following the second t	orm are	not requesting ntly valid	ction of inf uired to res OMB conf	spond unle	ess	1474 (9-02)
					ntive Securiti outs, calls, wa	_			-		ny Owned				
Security	2. Conversion or Exercise Price of Derivative Security	3. Transactio Date (Month/Day/	Execution Da	ite, if	Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		Amo Und Secu	ount of lerlying urities tr. 3 and Derivative Security (Instr. 5)		9. Number Derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	Owners Form o Derivat Security Direct (or Indir	Beneficia Ownershi (Instr. 4) D) ect	
					Code V	(A) (D)		e proisable	Expirati Date	Title	Amount or Number of Shares				

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Keefer David R C/O VIRIOS THERAPEUTICS, INC. 44 MILTON AVENUE ALPHARETTA, GA 30009	X					

Signatures

/s/ Greg Duncan, Attorney-in-Fact	01/05/2022		
**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).
- The price reported in Column 4 is a weighted average price. The shares were purchased in multiple transactions at prices ranging from \$5.75 to \$5.80, inclusive. The (1) reporting person undertakes to provide Virios Therapeutics, Inc. ("Virios"), any security holder of Virios or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the ranges set forth in this footnote to this Form 4.
- (2) The securities are owned directly by Ethica Group, LLC ("Ethica"). The Reporting Person is managing member of Ethica and may be deemed to beneficially own the securities held directly by Ethica.

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.