FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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).

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

1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol Novus Therapeutics, Inc. [NVUS]								Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Katkin Keith				ا ا		5 11101	<u>. p </u>	, <u>, , , , , , , , , , , , , , , , , , </u>	<u></u> [X	Director			10% Ow	ner	
(Last) (First) (Middle) C/O NOVUS THERAPEUTICS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 09/11/2020								Officer (give title Other (spe below) below)					pecify	
19900 MACARTHUR BLVD., SUITE 550												-							
(Street) IRVINE (City)	C	A State)	92612 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)							ine) X	idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(0																		
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						2A. Deemed Execution Date if any (Month/Day/Ye		Code (Inst				ed (A) or tr. 3, 4 and	d 5)	5. Amount Securities Beneficially Owned Fol Reported	Form (D) or (I) (Ins		Direct Indirect Etr. 4)	7. Nature of Indirect Beneficial Ownership	
									e v	Amoun	t (A) o	r Price	,	Transaction (Instr. 3 and				nstr. 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)	ative Conversion Date rity or Exercise (Month/Day/Year) Execution Date,			4. 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)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	de V (A)		(D)	Date Exercisa		Expiration Date	Title	Amoun Numbe Shares	r of		(Instr. 4)				
Stock Option (Right to Buy)	\$500	09/11/2020		A		5,907.15		(1)		09/11/2030	Series X1 Convertible Preferred Stock ⁽²⁾	5,907	.15	\$0.00	5,907.1	.5	D		

Explanation of Responses:

- 1. This option represents a right to purchase a total of 5,907.15 shares of the Issuer's Series X1 Convertible Preferred Stock, which will vest in equal monthly installments over two years, subject to the Reporting Person's continued service to the Issuer through each vesting date. The Reporting Person's ability to exercise the option will be subject to stockholder approval under Nasdaq Marketplace Rule 5635(c).
- 2. Each share of Series X1 Convertible Preferred Stock will be convertible into 1,000 shares of Common Stock upon receipt of the requisite approval of the stockholders of the Issuer.

Remarks:

/s/ Ryan A. Murr, as attorney-in-09/15/2020 fact for Keith Katkin

** Signature of Reporting Person Date

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

- * 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.