FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
OMB Number:	3235-0287						
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hours per response:	0.5						

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 purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

. ,	ee Instruction 1				I.			-			0 1 1			T.						
1. Name and Address of Reporting Person* Kim Christopher				2. Issuer Name and Ticker or Trading Symbol Apimeds Pharmaceuticals US, Inc. [APUS]								Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title Check (peoils))								
(Last) (First) (Middle) C/O APIMEDS PHARMACEUTICALS US, INC. 2 EAST BROAD STREET, 2ND FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 05/13/2025									X Officer (give title below) Other (specify below) Chairman and CMO							
(Street) HOPEW			8425 (ip)		4. If Amendment, Date of 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								
		Table	I - No	n-Deriva	tive S	Secu	rities A	Acq	uired,	Dis	posed of,	or	Ben	efici	ally	Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da			Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (Disposed Of (D) (Instr. 3) and 5)					3, 4 Securit Benefic Owned Follow		ties cially I ving	Fori (D) (Indi	m: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A (D) or))	Price	Reported Transaction(s) (Instr. 3 and 4)					
Common	Stock, par v	alue \$0.01 per sh	are	05/13/2	025				P		19,770		A		1.82 ⁽¹⁾ 19,770 D					
Common	Stock, par v	alue \$0.01 per sh	are	05/14/2	025				P		7,730		A	\$1.8		2	7,500		D	
		Tak	ole II -					-		-	osed of, o				-	Owne	d			
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. 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)		of s ng e	8. Prof Of Deri Secu (Inst	vative Securitie rity Benefici r. 5) Owned Followir Reporter Transact	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownershi
					Code	v	(A) (I	D)	Date Exercisa	ble	Expiration Date	Title	or Nu of	ount mber ares						

Explanation of Responses:

- 1. The price reported in Column 4 is a weighted average price. The reporting person undertakes to provide to Apimeds Pharmaceuticals US, Inc. (the "Issuer"), any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in footnotes (2)-(3) to this Form 4.
- 2. These shares were sold in multiple transactions at prices ranging from \$1.75 to \$1.86, inclusive.
- 3. These shares were sold in multiple transactions at prices ranging from \$1.84 to \$1.89, inclusive.

/s/ Nelson Mullins Riley & Scarborough LLP, Attorney-in- 05/15/2025 Fact

** Signature of Reporting Person Date

 $Reminder: \ Report \ on \ a \ {\bf separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.}$

- * 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 thi	s form are not required to	respond unless the form displa	ys a currently valid OMB Number.