## 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)																
Name and Address of Reporting Person *  De Paolantonio Ernest Robert					2. Issuer Name and Ticker or Trading Symbol Journey Medical Corp [DERM]							5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X Officer (give title below) Other (specify below)  Chief Financial Officer					
(Last) (First) (Middle) C/O JOURNEY MEDICAL CORPORATION,, 9237 E VIA DE VENTURA BLVD., SUITE 105					3. Date of Earliest Transaction (Month/Day/Year) 01/14/2022													
(Street) SCOTTSDALE, AZ 85258				4. If	4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person					
(City	)	(State)	(Zip)		Table I - Non-Derivative Securities Acquir						Acquir	red, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	ear) Exe	2A. Deemed Execution Date, if any (Month/Day/Year		Coc (Ins			4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)		Benefici Reported		unt of Securities ially Owned Following d Transaction(s)		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
				(IMIC				ode	V	Amou	Ò	A) or D)	Price	(Instr. 3 and 4)		or (I)	or Indirect	
COMMON STOCK		01/14/2022					A		120,0 (1)	00 A		\$ 0	120,000 (2)			D		
Reminder:	Report on a s	eparate line for	r each class of s	II - Deriv	vative Se	curit	ies Ac	quire	Perso conta the fo	ons what nined in orm dis	no responding this splays	forn a c Bene	n are urren ficially	not requ		ormation spond unlestrol number	s	1474 (9-02)
1. Title of	2.	3. Transaction	3A. Deen	· · · ·	puts, cal	ls, wa	arran 5.						<del></del>	le and	8 Price of	9. Number o	f 10.	11. Natu
	Conversion or Exercise Price of Derivative Security		Execution Da any	Date, if	te, if Transaction Code Year) (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form of Derivati Security Direct ( or Indire	hip of Indire Beneficis Ownersh (Instr. 4)	
					Code	V	(A)	(D)	Date Exerc		Expira Date	ition	Title	Amount or Number of Shares				

#### **Reporting Owners**

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
De Paolantonio Ernest Robert C/O JOURNEY MEDICAL CORPORATION, 9237 E VIA DE VENTURA BLVD., SUITE 105 SCOTTSDALE, AZ 85258			Chief Financial Officer					

### **Signatures**

/s/ Ernest De Paolantonio	04/04/2022
**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).
- (1) The 120,000 restricted stock units relating to this grant will vest in three increments as follows: (1) 40,000 units on October 1, 2022, (2) 40,000 units on October 1, 2023, and (3) 40,000 units on October 1, 2024.
- (2) Includes restricted stock units, which vest over various time periods as set forth in footnote 1.

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.