

SECURITIES AND EXCHANGE COMMISSION

FORM 4

Statement of changes in beneficial ownership of securities

Filing Date: **2024-07-10** | Period of Report: **2024-07-08**

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REPORTING OWNER

Toledano Miranda Jayne

CIK: **1686530**

Type: **4** | Act: **34** | File No.: **001-41063** | Film No.: **241110390**

Mailing Address
C/O COMPASS
THERAPEUTICS, INC.
80 GUEST STREET, SUITE
601
BOSTON MA 02135

ISSUER

Journey Medical Corp

CIK: **1867066** | IRS No.: **471879539** | State of Incorporation: **DE** | Fiscal Year End: **1231**

SIC: **2834** Pharmaceutical preparations

Mailing Address
9237 E VIA DE VENTURA
BLVD., SUITE 105
SCOTTSDALE AZ 85258

Business Address
9237 E VIA DE VENTURA
BLVD., SUITE 105
SCOTTSDALE AZ 85258
480-434-6670

FORM 4

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

UNITED STATES SECURITIES AND
EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL	
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STATEMENT OF CHANGES IN BENEFICIAL
OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person Toledano Miranda Jayne (Last) (First) (Middle) C/O JOURNEY MEDICAL CORPORATION, 9237 E VIA DE VENTURA BLVD., SUITE 105 (Street) SCOTTSDALE, AZ 85258 (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol Journey Medical Corp [DERM] 3. Date of Earliest Transaction (Month/Day/Year) 07/08/2024 4. If Amendment, Date Original Filed(Month/Day/Year)	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) 6. Individual or Joint/Group Filing (Check applicable line) <input checked="" type="checkbox"/> Form Filed by One Reporting Person <input type="checkbox"/> Form Filed by More than One Reporting Person
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Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock, \$0.0001 par value	07/08/2024		A		9,728 ⁽¹⁾	A	\$ 0	81,445 ⁽²⁾	D	

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. 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) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V		Date Exercisable	Expiration Date					
									Amount or Number of Shares				

Explanation of Responses:

1. On July 8, 2024, the reporting person was granted 9,728 restricted stock units pursuant to the Issuer's 2015 Stock Plan, which will vest in full on July 8, 2025.

2. Includes restricted stock units, which vest over various time periods.

Signatures

/s/ Ramsey Alloush, attorney-in-fact

** Signature of Reporting Person

07/10/2024

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.