FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
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Estimated average burden							
hours per response:	0.5						

## INITIAL STATEMENT OF 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

1. Name and Address of Reporting Person*  NATAN DAVID	2. Date of Event Requiring Statement (Month/Day/Year) 02/10/2022  3. Issuer Name and Ticker or Trading Symbol Sunshine Biopharma, Inc [SBFM]								
(Last) (First) (Middle) C/O SUNSHINE BIOPHARMA, INC. 6500 TRANS-CANADA HIGHWAY- 4TH FLOOR (Street)	-		4. Relationship of Reporting Issuer (Check all applicable)  X Director Officer (give title below)	10% C	) wner (specify	Filed 6. In	d (Month/Day/ dividual or Jo eck Applicable Form filed I Person	int/Group Filing	
POINTE- CLAIRE A8 H9R0A5  (City) (State) (Zip)							Reporting F		
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)  3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		Direct ndirect	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock			0 D		)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable an Expiration Date (Month/Day/Year)		ate	Underlying Derivative Security (Instr. 4) Con		4. Convers or Exerc	ise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr.	
Evaluation of Donounces	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	ve	or Indirect (I) (Instr. 5)	5)	

**Explanation of Responses:** 

/s/ David Natan

02/18/2022

\*\* Signature of Reporting

Date

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

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).