

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

(Print or Type Responses)

1. Name and Address of Reporting Person* McMaster Herbert Raymond (Last) (First) (Middle) C/O NRX PHARMACEUTICALS, INC., 1201 NORTH MARKET STREET, SUITE 111 (Street) WILMINGTON, DE 19801 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 05/26/2021	3. Issuer Name and Ticker or Trading Symbol NRX Pharmaceuticals, Inc. [NRXP]	
		4. 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)	5. If Amendment, Date Original Filed(Month/Day/Year)
		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	

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)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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 control number.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Employee Stock Option (Right to buy)	(1)(2)	01/04/2028	Common Stock	45,086 (1)(2)	\$ 2.22	D	
Employee Stock Option (Right to buy)	05/26/2022	05/25/2032	Common Stock	3,845	\$ 23.41	D	

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
McMaster Herbert Raymond C/O NRX PHARMACEUTICALS, INC. 1201 NORTH MARKET STREET, SUITE 111 WILMINGTON, DE 19801	X			

Signatures

/s/ Herbert R. McMaster	11/02/2021
<small>*Signature of Reporting Person</small>	<small>Date</small>

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 5(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) Pursuant to the Agreement and Plan of Merger, dated December 13, 2020, by and among NRX Pharmaceuticals, Inc. (the "Issuer"), NeuroRx, Inc. ("NeuroRx") and Big Rock Merger Corp., (the "Merger Agreement"), each option and warrant of NeuroRx that was outstanding and unexercised immediately prior to the effective time of the business combination was assumed by the Issuer (each, a "Substitute Security") and represents the right to acquire an adjusted number of shares of common stock, par value \$0.001 per share, of the Issuer (the "Common Stock") at an adjusted exercise price, in each case, pursuant to the terms of the Merger Agreement. (cont'd on FN 2)

(cont'd from FN 1) In the event that any Substitute Security is exercised prior to the earlier of (i) the date on which both the Earnout Share Milestone and the Earnout Cash (2) Milestone (as defined in the Merger Agreement) have been achieved, and (ii) December 31, 2022, a number of shares of the Common Stock will be subject to forfeiture pursuant to the Option Post-Earnout Adjustment (as defined in the Merger Agreement). The options are fully vested.

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.