

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL	
OMB Number:	3235-0104
Estimated average burden hours per response:	0.5

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* <u>E&amp;Investment, Inc.</u>  (Last) (First) (Middle) C/O NEUROBO PHARMACEUTICALS, INC 177 HUNTINGTON AVENUE, SUITE 1700  (Street) BOSTON MA 02115  (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 12/30/2019	3. Issuer Name and Ticker or Trading Symbol <u>NeuroBo Pharmaceuticals, Inc. [ NRBO ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 01/09/2020  6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" 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)
Common Stock	4,335,800	I	Held by The E&Healthcare Investment Fund II <sup>(1)(4)</sup>
Common Stock	1,121,190	I	Held by The E&Healthcare Investment Fund No. 6 <sup>(2)(4)</sup>
Common Stock	1,864,799	I	Held by The E&Healthcare Investment Fund No. 7 <sup>(3)(4)</sup>

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: 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			

1. Name and Address of Reporting Person\*  
E&Investment, Inc.  
 (Last) (First) (Middle)  
 C/O NEUROBO PHARMACEUTICALS, INC  
 177 HUNTINGTON AVENUE, SUITE 1700  
 (Street)  
 BOSTON MA 02115  
 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
E&Healthcare Investment Fund II  
 (Last) (First) (Middle)  
 C/O NEUROBO PHARMACEUTICALS, INC  
 177 HUNTINGTON AVENUE, SUITE 1700  
 (Street)  
 BOSTON MA 02115  
 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
E&Healthcare Investment Fund No.7

(Last) (First) (Middle)

C/O NEUROBO PHARMACEUTICALS, INC  
177 HUNTINGTON AVENUE, SUITE 1700

(Street)  
BOSTON MA 02115

(City) (State) (Zip)

**Explanation of Responses:**

1. These shares are owned directly by The E&Healthcare Investment Fund II, a 10% owner of the Issuer, and indirectly by E&Investment, Inc., as sole general partner of The E&Healthcare Investment Fund II.
2. These shares are owned directly by The E&Healthcare Investment Fund No. 6, and indirectly by E&Investment, Inc., as sole general partner of The E&Healthcare Investment Fund No. 6
3. These shares are owned directly by The E&Healthcare Investment Fund No.7, a 10% owner of the Issuer, and indirectly by E&Investment, Inc., as sole general partner of The E&Healthcare Investment Fund No.7.
4. E&Investment, Inc. disclaims beneficial ownership of the reported securities except to the extent of its pecuniary interest therein.

**Remarks:**

This Form 3 is being amended to add The E&Healthcare Investment Fund II and The E&Healthcare Investment Fund No.7 as Reporting Persons.

/s/ E&Investment, Inc., By: Na 01/10/2020  
Yeon Kim, CEO

/s/ The E&Healthcare  
Investment Fund II By: Na 01/10/2020  
Yeon Kim, Representative  
Director

/s/ The E&Healthcare  
Investment Fund No.7 By: Na 01/10/2020  
Yeon Kim, Representative  
Director

\*\* Signature of Reporting Person 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 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).

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.