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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

affirmative defense of 10b5-1(c). See Instr							
1. Name and Address Bagai Shaun	of Reporting Person *		2. Issuer Name and Ticker or Trading Symbol RenovoRx, Inc. [RNXT]	(Check	lationship of Reporting Person(s) to Issuer ck all applicable)		
		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 07/01/2025	X	Officer (give title below) Chief Executiv	10% Owner Other (specify below) e Officer	
2570 W EL CAMINO REAL, SUITE 320 (Street) MOUNTAIN VIEW CA 94040			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv	idual or Joint/Group Filing Form filed by One Repo Form filed by More than	orting Person	
(City)	(State)	(Zip)					

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	1 ' '	Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)

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. Transac Code (In 8)		Derivative				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	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Reported Transaction(s) (Instr. 4)		
Stock Option	\$1.27	07/01/2025		A		102,498(1)		(2)	(2)	Common Stock	102,498(1)	\$0	102,498	D	

Explanation of Responses:

- 1. Represents an award of 21,072 incentive stock options and 81,426 non-qualified options under the Issuer's Amended and Restated 2021 Omnibus Equity Incentive Plan (the "Plan") to the Reporting Person, which award was approved by the Compensation Committee of the Issuer's Board of Directors on July 1, 2025. Such award represents a number of options previously allocated to the Reporting Person for services rendered, the issuance of which was contingent upon the availability of shares under the Plan. Such availability became effective upon stockholder approval of an increase in the shares reserve at the Issuer's annual meeting of stockholders held on June 24, 2025.
- 2. The options vest over four years at a rate of 1/48 per month with no cliff, and with vesting commencing effective January 1, 2025. The option will only become exercisable when there is an effective registration statement covering the shares underlying the option. The option will become fully vested on January 1, 2029, and will expire on July 1, 2035.

<u>/s/ Shaun Bagai</u> <u>07/03/2025</u>

** 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 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.