FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

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

STATEMENT OF CHANGES IN 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 Ty	pe Response	s)															
1. Name and Address of Reporting Person* MEYER ALAN R				2. Issuer Name and Ticker or Trading Symbol Ocuphire Pharma, Inc. [OCUP]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner				
(Last) (First) (Middle) C/O OCUPHIRE PHARMA, INC., 37000 GRAND RIVER AVE, SUITE 120				3. Date of Earliest Transaction (Month/Day/Year) 11/19/2020								-	Officer (giv	e title below)	Oth	er (specify belo	ow)
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)									6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _Form filed by More than One Reporting Person				
FARMIN (Cit		ILLS, MI 48335 (State)	(Zip)					T N	ъ.				1.0:	c D	e . II o	. 1	
				l				Table I - Non-Derivative Securities Acqu 3. Transaction 4. Securities Acquired					5. Amount of Securities Beneficially				7. Nature
(Instr. 3) Date				Execution Date, if		Date, if	Code (Instr. 8)		(/	(A) or Disposed of (Instr. 3, 4 and 5)		of (D) O	wned Following Reported ransaction(s) nstr. 3 and 4)		Ownership Form:		
									V A	.mount	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Common	Common Stock 11/19/2020						P	1	,771	A	<u>(1)</u> 4	87,029			D		
	Title of Derivative ecurity or Exercise (Month/Day/Year) 3. Transaction Date Execution Date any		3A. Deemed Execution Date, if	(e.g., puts, calls, was 4. 5. Nur of Transaction Code Derivation			es Acquired, Disposurrants, options, comber Expiration Date (Month/Day/Youtes ed ed			rate of Uno Year) Securi		equired to a lid OM ficially O	B control r wned and Amount rlying rs and 4)			of 10. Owners Form of Derivat Security Direct (or Indir	Ownersh (Instr. 4) D) ect
				Code	v	(A)	(D)	Date Exercisa	able	Expir Date	ation	Title	Amount or Number of Shares				
Series A Warrant (right to buy)	\$ 4.4795 (2)	11/19/2020		P		2,679		11/19/	2020	11/1	9/2025	Comm Stock	2.6/9	(1)	2,679	D	
Series B Warrant (right to buy)	\$ 0.0001	11/19/2020		P		315 (2)		11/19/	2020	01/2	8/2022	Comm Stock	315	(1)	315	D	

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
MEYER ALAN R C/O OCUPHIRE PHARMA, INC. 37000 GRAND RIVER AVE, SUITE 120 FARMINGTON HILLS, MI 48335	X						

Signatures

/s/ Emily J. Johns, by Power of Attorney	11/25/2020
**Signature of Reporting Person	Date

Explanation of Responses:

- * 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).
- (1) The Reporting Person purchased shares, Series A Warrants and Series B Warrants as part of a private placement for an aggregate price of \$10,000.
- (2) Subject to adjustment based on certain price reset provisions.

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.