

(Print or Type Responses)

|                                                                                           |                                         |                                                                                  |                                   |                                                                                                                                                                                                                                                                     |                                                                                                  |                                                             |                                                          |
|-------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------|
| 1. Name and Address of Reporting Person *<br>Rodgers Richard J                            |                                         | 2. Issuer Name and Ticker or Trading Symbol<br>Ocuphire Pharma, Inc. [OCUP]      |                                   | 5. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br><input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner<br><input type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) |                                                                                                  |                                                             |                                                          |
| (Last) (First) (Middle)<br>C/O OCUPHIRE PHARMA, INC., 37000<br>GRAND RIVER AVE, SUITE 120 |                                         | 3. Date of Earliest Transaction (Month/Day/Year)<br>10/01/2021                   |                                   |                                                                                                                                                                                                                                                                     |                                                                                                  |                                                             |                                                          |
| (Street)<br>FARMINGTON HILLS, MI 48335                                                    |                                         | 4. If Amendment, Date Original Filed(Month/Day/Year)                             |                                   | 6. Individual or Joint/Group Filing (Check Applicable Line)<br><input checked="" type="checkbox"/> Form filed by One Reporting Person<br><input type="checkbox"/> Form filed by More than One Reporting Person                                                      |                                                                                                  |                                                             |                                                          |
| (City) (State) (Zip)                                                                      |                                         | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |                                   |                                                                                                                                                                                                                                                                     |                                                                                                  |                                                             |                                                          |
| 1. Title of Security<br>(Instr. 3)                                                        | 2. Transaction Date<br>(Month/Day/Year) | 2A. Deemed Execution Date, if any<br>(Month/Day/Year)                            | 3. Transaction Code<br>(Instr. 8) | 4. Securities Acquired (A) or Disposed of (D)<br>(Instr. 3, 4 and 5)                                                                                                                                                                                                | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I)<br>(Instr. 4) | 7. Nature of Indirect Beneficial Ownership<br>(Instr. 4) |
|                                                                                           |                                         |                                                                                  | Code V                            | Amount (A) or (D) Price                                                                                                                                                                                                                                             |                                                                                                  |                                                             |                                                          |
| Common Stock                                                                              | 10/01/2021                              |                                                                                  | A                                 | 2,912 A (1)                                                                                                                                                                                                                                                         | 31,973                                                                                           | D                                                           |                                                          |

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

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.

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| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned<br>(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. Transaction Code (Instr. 8) |   | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) |     | 6. Date Exercisable and Expiration Date (Month/Day/Year) |                 | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) |                            | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|                                                                                                                                                 |                                                        |                                      |                                                    | Code                           | V | (A)                                                                                     | (D) | Date Exercisable                                         | Expiration Date | Title                                                         | Amount or Number of Shares |                                            |                                                                                                    |                                                                                  |                                                        |

Reporting Owners

| Reporting Owner Name / Address                                                                                   | Relationships |           |         |       |
|------------------------------------------------------------------------------------------------------------------|---------------|-----------|---------|-------|
|                                                                                                                  | Director      | 10% Owner | Officer | Other |
| Rodgers Richard J<br>C/O OCUPHIRE PHARMA, INC.<br>37000 GRAND RIVER AVE, SUITE 120<br>FARMINGTON HILLS, MI 48335 | X             |           |         |       |

Signatures

|                                          |            |
|------------------------------------------|------------|
| /s/ Emily J. Johns, by Power of Attorney | 10/04/2021 |
| **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).

The Reporting Person was granted common stock in lieu of cash for Q3 2021 Board services. The number of shares of Common Stock having an aggregate Fair Market Value equal to the aggregate amount of the Retainers for such fiscal quarter, determined by dividing (A) the aggregate amount of the Retainers by (B) the Fair Market Value of the Common Stock on last day of the fiscal quarter (rounded down to the nearest whole share). The Fair Market Value was \$5.15 per share, the closing price of the Company's stock on September 30, 2021.

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.